



Internal Use Only
Date Received: _____
Date Completed: _____
Completed by: _____
Date Picked Up/Mailed/Faxed: (circle one and enter date) _____
Distributed By: _____

Request Form for Adult High School (AHS) Transcript

Date: _____

Name: _____
(Last Name) (First Name) (Middle/Married/Maiden, etc.)

Other Name(s) Used: _____

Social Security Number: _____ Date of Birth: _____

Daytime Phone: (_____) _____

<input type="checkbox"/> AHS Hoke County	<input type="checkbox"/> AHS Moore County
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Month/Year Class Taken: _____ Month/Year Completion: _____

I, _____, authorize by my signature the release
Print Student Name

of these records to _____, as requested herein.
Print Person, College or Organization Name

Address to mail documentation to: _____

Student Signature _____ Date _____

Please submit this completed form to the appropriate individual below based on county of attendance or mail to 3395 Airport Road in Pinehurst NC, 28374, or to the SCC Hoke campus at 1110 East Central Avenue in Raeford, NC 28376. Allow 7 business days for Adult High School transcripts. Documents may only be picked up by person(s) authorized above, and Photo ID will be required.

<p>Hoke County Deb Sikes <i>sikesd@sandhills.edu</i> 910.848.4300 Fax 910.875.9207</p>	<p>Moore County Beckie Kimbrell <i>kimbrellr@sandhills.edu</i> 910.695.3779 Fax 910.692.6998</p>
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