

ALAMANCE COMMUNITY COLLEGE
Request for Transcript

No transcript of a student's record will be issued until all financial obligations to the College have been satisfied.
PLEASE PRINT.

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Address _____
Street or P.O. Box Number

_____ City State Zip

Your name while enrolled (if different from above) _____

Contact #: _____ - _____ - _____

Years attended ACC: From _____ To _____

Type of Transcript:

- Official academic transcript (other colleges and most employers require official transcript)
- Non-Official academic transcript (student copy)
- Non-credit (Continuing Education)
- GED/Adult High School

Do you want . . . ?

- To pick up transcript Date/Time _____
(If not picked up, transcript will be discarded after 60 days.)
- Process upon completion of the semester
- Process upon completion of **each semester**
- Someone else to pick up the transcript If so, person's name _____
(This person must have a photo I.D. to pick up your transcript.)
- Mail transcript to the address listed below: (if different from above)

YOUR SIGNATURE _____

Date _____

Mail request to:
Alamance Community College
PO Box 8000
Graham, NC 27253 - 8000
Or
Fax to:
(336) 506-4264

There is a 24-hour
processing time on all
academic transcripts.

FOR OFFICE USE
Transcript mailed _____
Transcript faxed _____
Transcript picked up _____
By _____