



TRANSCRIPT REQUEST FORM

Alamance Community College

Please bring, mail, or fax (336-506-4264) this completed form to the ACC office described below.
The mailing address will be the "Office Name", ACC, PO Box 8000, Graham, NC 27253.
 No transcript will be issued if the student has an unresolved financial obligation to the College.
 Please allow 24-48 hours for the processing of a transcript request.

Check one:

✓	<i>Type of Transcript</i>	<i>Transcript Description</i>	<i>Office Name</i>
<input type="checkbox"/>	Curriculum (CU)	Curriculum (degree, credit) classes only.	Student Records
<input type="checkbox"/>	Continuing Education (CE) 1986 to present	CE (non-degree, non-credit) classes only From 1986 to the present.	Continuing Ed. Burlington Center
<input type="checkbox"/>	Continuing Education (CE) prior to 1986	CE records prior to 1986 are not available electronically. If you select this option, the CE Office will contact you.	Continuing Ed. Burlington Center
<input type="checkbox"/>	Basic Skills (GED/ADHS)	Basic Skills (literacy) classes only. These include Adult High School and GED classes	Assessment Center
<input type="checkbox"/>	Complete Transcript (CB)	All classes except GED/ADHS and CE prior to 1986. Includes curriculum and CE courses.	Student Records

Print full name _____ Phone number (____) _____

Print your name while enrolled (if different than above) _____

Email address _____

For identity verification purposes, please indicate

- Student I.D. Number or SS# _____
- Date of Birth _____
- Dates of Attendance at ACC _____

Address: _____

Street or P.O. Box Number

City

State

Zip Code

Choose one of the options below:

I will pick up _____ copies in the Student Records Office by :

I authorize _____ to pick up my transcript.
 PRINT NAME

This person must bring a photo I.D. to pick it up your transcript.

Mail _____ copies of the transcript to me at the address listed above.

Mail _____ copies to: (full college/business name & address):

OFFICE ONLY	Initial
Picked up (date):	
Picked up (date):	
Mailed (date):	
Mailed (date):	

If not picked up, transcript(s) will be discarded after 60 days.

Signature _____ **Date** _____