

**ALAMANCE COMMUNITY COLLEGE
REQUEST FOR AHS OFFICIAL TRANSCRIPT**

Please allow 3 – 4 business days to process forms

Please print all information.

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____
Month Day Year

Name _____
(while at ACC) Last First Middle Maiden

Address _____
Street or Post Office Box Number

_____ City State Zip

Phone Number () _____ Call when ready

Year of completion _____ # of copies _____

Do you want to?

Pick up transcript
(You may have an alternate person pick up your transcript. This person **must have a photo ID** to pick up your form(s). Person's name _____)

Send to ACC Admissions

Mail to the address listed below (**list complete name and address**):

Mail Request to:

Alamance Community College
Academic & Career Readiness
PO Box 8000
Graham, NC 27253-8000
Or Fax to: (336) 506-4168

Signature _____ **Date** _____

Transcripts not picked up will be discarded after 60 days.

Revised 8/2015

FOR OFFICE USE
Note:
By:
Date: