



Transcript Request Form

Today's Date: _____ Number of Official Copies: _____ Student ID #: _____

Student's Name Last : _____ First: _____ Middle Initial: _____

Maiden or other Name: _____ Home Phone #: _____

Address _____ City: _____ State: _____ Zip: _____

Date Last Attended (Semester/Year): _____ Date Graduated (Month/Year): _____

Hold for Current Semester Grades: Yes: _____ No: _____ Hold for Degree Posted: Yes: _____ No: _____

Mail To: _____

Student's Signature (Required): _____

To Mail this request: Send Check or Money order for \$3.00 per official transcript to: Student Records Office, CPCC , PO Box 35009, Charlotte, NC 28235 (Make Payable to CPCC) Or **Fax** completed form to (704) 330-6007 and complete Credit Card Information below:
Amount (\$3.00 per Official transcript): \$ _____ Card Type (Circle one): Visa or Master Card
Credit Card Number: _____ Expiration Date: _____



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