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| College and Career Readiness629 Industrial Park Ave. Asheboro, NC 27205 (336)633-0106 Fax: (336)629-1339 |

# Transcript Request / Record Release FORM

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name of Student: |  |  |  |  |  |
|  | First | MI | Maiden |  | *Last* |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Graduation: |   | SSN: |   |  |

|  |
| --- |
|  |
| Authorization and SignatureI authorize Randolph Community College or North Carolina Department of Community Colleges to release my:[ ]  **Adult High School Transcripts**[ ]  Other Pertinent School Records

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

 |

## Recipient # 1

|  |  |
| --- | --- |
| To the attention of? |  |
| Name of College, University, or Agency: |  |
| Address: |
| City: | State: | Zip: |

## Recipient # 2

|  |  |
| --- | --- |
| To the attention of? |  |
| Name of College, University, or Agency: |  |
| Address: |
| City: | State: | Zip: |