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| College and Career Readiness  629 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 Signature I 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: |