



Davidson Campus: P.O. Box 1287 • Lexington, NC 27293 • Phone: 336.249.8186 • Fax: 336.249.0088

Davie Campus: 1205 Salisbury Road • Mocksville, NC 27028 • Phone: 336.751.2885 • Fax: 336.751.6192

Uptown Lexington Education Center: 20 East First Street • Lexington, NC 27292 • Phone: 336.238.0969 • Fax: 336.238.3272

Thomasville Education Center: 305 Randolph Street • Thomasville, NC 27360 • Phone: 336.476.7891 • Fax: 336.476.7891

Davie Education Center: 120 Kinderton Blvd., Ste. 110 • Advance, NC 27006 • Phone: 336.998.3220 • Fax: 336.998.6895

AUTHORIZATION FOR TRANSCRIPT RELEASE

- It is the responsibility of the applicant to request a transcript(s) from the last high school attended and from all colleges attended.
- Transcripts from colleges **must be official** (either mailed to DCCC Admissions from the college(s) attended or delivered to DCCC Admissions in a sealed envelope.) Faxed copies are **not** official.
- High school and AHS/GED transcripts **do not have to be official** and can be mailed, hand carried, or faxed to the Admissions Office (fax: 336.224.0240).
- **Most schools and colleges charge a fee for processing this request.** Fee information is usually available on the school/college's website under Registrar, Student Records, or Transcripts. You may also call the school/college to obtain information on their transcript fees. **It is the responsibility of the student to pay the transcript fees.**
- Please complete a separate form for each school/college attended. Additional forms may be obtained from the Admissions Office (Enrollment Services) or the DCCC website at www.davidsonccc.edu.

I hereby authorize the following school to send a copy of my transcript to:

Admissions Office • Davidson County Community College • P. O. Box 1287 • Lexington, NC 27293-1287 336.249.8186 ext. 6731

(Please print all information clearly.)

School Attended _____

Address _____

My Name _____

Name under which I attended (if different from above) _____

My current mailing address _____

Home Phone _____ Cell _____ Work _____

Date of Birth _____ Social Security Number _____

Dates of Attendance or Graduation Date _____

I understand that it is my responsibility to determine the required payment for transcript release and include payment with this form.

Signature _____ Date _____