TRANSCRIPT REQUEST FORM

Curriculum & Continuing Education

Business & Records Center * Davidson Campus * Brooks Student Center
P.O. Box 1287, Lexington, NC 27293 * 336.249.8186 * Fax 336.248.6714

INSTRUCTIONS:

- Transcripts cannot be released without written permission from the student (signature required).
- **There is a $5.00 fee for each transcript. The transcript fee(s) must be paid before the transcript can be sent.**
  - Mail check or money order with this form to the address above OR
  - Fax this form to 336.248.6714 and attach payment form with credit/debit card information OR
  - Request transcript and pay fee in person at the Davidson or Davie Campuses
- Allow a minimum of 5 business days for processing.
- Transcripts will not be issued for any student whose financial obligations to the College have not been satisfied.
- **DCCC cannot fax transcripts**. Students may access unofficial transcripts via StormTrac.

STUDENT INFORMATION:

_____ _____ _____
Current Last Name First Name Middle Name

_____ _____
Maiden/Former Name(s) Date of Birth

_____ _____ _____
Dates of Attendance Graduation Date Last 4 digits of SSN

_____
Current Mailing Address City State ZIP

_____ _____
Email Address Phone Number

MAIL TRANSCRIPT TO: *(Complete a separate form for each addressee.)*

School, Business, or Person	
ATTN:	
Street/PO Box	
City, State, ZIP	

AUTHORIZED SIGNATURE: I authorize Davidson County Community College to release my official transcript as indicated on this form.

_____

TRANSCRIPT OPTIONS:

Number of transcripts to be sent to address above: _____

Type: ☐ Curriculum *(Credit Courses)* ☐ Continuing Education *(Non-Credit Courses)* ☐ Adult High School

Send Options: ☐ Send NOW ☐ Hold for current semester grades ☐ Hold for graduation posting

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Office Use Only

Need Payment

Receipt #: _____ Date Paid: _____

Amount Paid : _____ Date Sent: _____

DCCC
THE COLLEGE OF DAVIDSON AND DAVIE COUNTIES

PAYMENT FORM for TRANSCRIPT REQUESTS

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INSTRUCTIONS:

- If you are faxing or mailing your **Transcript Request form** and wish to use a credit or debit card to pay fees, please complete the form below.

Student's Name _____

Amount Authorized $_____ ($5.00 for each transcript)

Card Type: ☐ Visa ☐ MasterCard ☐ Discover Card

Name on Card _____

Card Number: | | | | | | | | | | | | | | | | |

Expiration Date _____ / _____ Code on Back of Card _____
Month Year 3 digits on card signature line

Signature of Cardholder _____

Billing Address of Cardholder _____
PO Box or Street Address Apt Number

_____
City State ZIP

Cardholder Phone Number _____

Today's Date _____