

Fax or mail the completed document to:

Computer Operator  
Continuing Education Center  
Mitchell Community College  
701 West Front Street  
Statesville, NC 28677-5644  
fax: 704.878.4271



## Continuing Education Division Transcript Request Card

Today's date: \_\_\_\_\_ Check one:  pick up  mail now  mail at end of semester

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Presently enrolled at MCC?  yes  no If no, last date you attended: \_\_\_\_\_

PLEASE FORWARD A COPY OF MY TRANSCRIPT TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- Adult High School Diploma  
 Continuing Education

Signature \_\_\_\_\_

Transcripts are not released without the written permission of the student. Allow at least 48 hours for transcripts to be prepared, and up to 5 days at the end of a semester.