



Student Information Request Form

Please note: All information requests sent by *fax* or *mail* must be accompanied by a readable copy of a government-issued photo ID, such as Mitchell Community College ID, driver's license, passport or military ID. Students making in-person requests will be required to show photo ID.

Service(s) Requested:

- Official Transcript
- Student Transcript
Number _____
- Enrollment Verification
- Placement Test Scores
Number _____

Type of Delivery:

- Picked up by me
- Picked up by designated person (*see name below)
- Sent via US Mail (please indicate mailing address below)

ID Verified _____ (office use only)
initials

Test scores and transcripts may also be obtained from WebAdvisor at www.mitchellcc.edu/webadvisor

Name and address where transcript is to be mailed:

Name _____

Street _____ City _____ State _____ Zip code _____

Student Information:

Student's Name _____
Last Name
First Name
Middle Initial

Last Name Used as a Student (if different) _____

Student ID# or Last Four Digits of SS# _____ Birthdate _____

Student's Mailing Address _____

City _____ State _____ Zip Code _____

Student's Phone Number _____

Do you plan to graduate this semester? yes no

Approximate Dates of Attendance _____

Please hold transcript for this semester's grades grade change graduation none

Signature _____ Date _____

- In order to comply with FERPA requirements, students must request information themselves.
- There is **NO CHARGE** for these services.
- Information not picked up in **30 days** will be shredded and a new request will be required.
- Please allow **2 business** days for processing.
- If you have questions, please contact Admissions at (704) 978-5493 or email transcripts@mitchellcc.edu

Complete and Sign this Request Form and Mail or Fax to:
 Mitchell Community College
 Admissions and Records
 500 West Broad Street
 Statesville, NC 28677
 Or fax to (704) 878-0872 or
 (704) 978-1302

*Name of designated person _____

(Identification is required)