



# Cape Fear Community College

411 North Front Street • Wilmington, North Carolina 28401-3993  
Phone (910)362-7000 • Fax (910)362-7080 • <http://cfcc.edu>

## TRANSCRIPT REQUEST FORM Adult High School Program

Instructions:

1. Complete and sign transcript request form
2. Enclose a \$5 check or money order payable to Cape Fear Community College
3. Mail to:

Cape Fear Community College  
Adult High School Program  
411 North Front St.  
Wilmington, NC 28401

**Note:** *A faxed transcript is not "official" and is not accepted as an official document. Official transcripts are mailed or delivered in person. Transcript will not be processed if check or money order is not enclosed.*

**DETACH AND MAIL**

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Former/Maiden name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment Dates:  
(Date Entered) \_\_\_\_\_ (Last Date Attended) \_\_\_\_\_

**Please check one:**

I have applied for admission to \_\_\_\_\_. Please note my social security number on the official transcript and send the transcript to:

Name of College/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please send transcript to my mailing address.

In-person pick up

If the transcript cannot be mailed, please notify me as soon as possible.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_