



Curriculum Transcript Request

 Name (Last, First, Middle) Former/Maiden Social Security Number or College ID

 Address City State Zip Student Signature Required

Check if new address: Daytime Telephone: _____

 From To
 Last Major at CFCC Years Attended

 Number of copies requested: Fee Amount:

Check one:
 Send Now
 Send after current grades are posted (Mo/Yr) ____/____
 Send after degree is posted (Mo/Yr) ____/____
 Send after change of grades is posted for _____

 Date

A fee of \$5.00 per copy is payable in advance. Make checks payable to Cape Fear Community College. Requests will be honored only if all financial obligations with the College are cleared.

Please allow 24 hours for processing. Additional processing time may be needed during grade processing and registration.

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 I will pick up my transcripts (ID required) Send to: (please write clearly below)

Instructions:

1. Make sure you have completed the form with your signature.
 (**Requests **will not** be processed without a signature.)
2. Enclose a check or money order to cover the cost of the transcript(s).
3. Mail the completed transcript request form and \$5.00 fee to:

Records Office
 Cape Fear Community College
 411 N. Front St.
 Wilmington, NC 28401