



Curriculum Transcript Request

Continuing Education Transcript Request

Name (Last, First, Middle) Former/Maiden

Social Security No or College ID

Address City State Zip

Student Signature Required

Check if new address:  Daytime Telephone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Attended prior to 2005

Date

Number of copies requested: \_\_\_\_\_ Fee Amount: \_\_\_\_\_

**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 48 hours for processing. Additional processing time may be needed during grade processing and registration.**

Check one:

- Send Now
- Send after current grades are posted (Mo/Yr) \_\_\_\_/\_\_\_\_
- Send after degree is posted (Mo/Yr) \_\_\_\_/\_\_\_\_

I will pick up my transcripts (ID required)

Send to: (please write clearly below)

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

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

Transcripts can be mailed to:

email: (please print clearly)

CFCC Registrar's office  
411 N Front Street  
Wilmington, NC 28401

\_\_\_\_\_