



MARTIN COMMUNITY COLLEGE

CONTINUING EDUCATION TRANSCRIPT RELEASE FORM

NO CHARGE FOR CONTINUING EDUCATION TRANSCRIPT

Instructions: Please print this form and complete the information below.

Your Name _____

Former Name _____

(As it appears on your MCC transcript if different from above)

Date of Birth _____

Please use the (mm/dd/yyyy) format

Telephone Number () _____

This information is needed in case we need to contact you for any reason.

Current Address _____

Student Signature (Required) _____ Date _____

Please process my transcript as indicated:

Send Now

Send after Spring Semester

I will pick-up transcript

Summer Semester

Fall Semester

Please send an official copy of my MCC transcript to: *(for additional destinations, please list on a separate sheet of paper.)*

Company, Institution, or Person _____

Address _____

Mail ***THIS*** request form to:

Martin Community College

Attn: Continuing Education Division

1161 Kehukee Park Road

Williamston, NC 27892

Please allow 24 to 48 hours processing time for MCC transcripts only.
For your protection, **DO NOT E-MAIL** this form. E-Mail requests will not be honored.