



ADULT HIGH SCHOOL TRANSCRIPT REQUEST

Student Name: _____ Date: _____

Name of Student While Enrolled (if different): _____

Date Of Birth: _____ Last 4 Digits of SS#: _____

Send Transcript to:

Your Address: _____

Business or School: _____

If you are picking up the transcript: _____ (please allow 24 hours for all requests)

Signature of Student: _____

(Please print and sign this form before submitting it.)

(for office use only)

Please send request to: Martin Community College
Attn: Jennifer Phelps
1161 Kehukee Park Drive
Williamston, NC 27892