

REQUEST FOR TRANSCRIPTS

Contact your former school or college to determine if a transcript fee is required. Mail or take this form and any applicable fees. Your former school or college will mail a copy of your transcript to Bladen Community College.

Name _____

Address _____

Social Security Number _____ Birthdate _____

School attended _____ Last date attended _____

Please mail transcript to:
Admission's Office
Bladen Community College
Post Office Box 266
Dublin NC 28332

My signature below authorizes release of my transcript. I understand that my transcripts will become the property of Bladen Community College.

Date _____

Signature _____