



# BLADEN COMMUNITY COLLEGE

## CURRICULUM TRANSCRIPT REQUEST FORM

\*\*\*\$2.00 fee for each "official" transcript requested\*\*\*

Mail or Fax to:

Registrar's Office  
PO Box 266 Dublin, NC 28332  
Tel: 910.879.5526  
Fax: 910.879.5564

Current Date

Use a SEPARATE request form for each recipient address.

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	MIDDLE INITIAL	<input type="text"/>
FORMER/MAIDEN	<input type="text"/>	SS# OR STUDENT ID #	<input type="text"/>		
MAILING ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	PHONE NUMBER	<input type="text"/>	EMAIL	<input type="text"/>

"Official" transcript are processed within **two business days (48 hours)** from receipt of the request and payment.

Is the transcript to be mailed?

If no, transcript will be picked up. Please allow 48 hours.

When do you want this transcript processed?

Now  End of Semester

**PRINT** the complete name and address of the person or institution to which this transcript is to be released.

<input type="text"/>
<input type="text"/>
<input type="text"/>

# of copies requested to be mailed/picked up:

Are you currently enrolled at BCC?

For AHS, GED, or Continuing Education transcripts, please contact 910.879.5592

**Sending by Mail?** Print and complete form. Mail the request to the Registrar's Office. Detach the section below and include \$2.00 for each transcript requested. Checks and money orders are accepted. **DO NOT SEND CASH!** (\$25 service charge fee for returned checks)

**Sending by Fax?** Print and complete form. Fax the request to 910.879.5564 (Attn: Transcripts). Call the Cashier's Office at 910.879.5507 to pay \$2.00 for each transcript requested. Visa and Mastercard are accepted.

**Regulations Governing the Release of Transcripts:**

1. Transcripts will be distributed ONLY with written consent.
2. All financial & academic obligations to the College Must be resolved before transcripts can be issued.

The Family Education Rights & Privacy Act of 1974 (FERPA), Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be released. By my signature on this form, I am requesting that the Registrar's Office furnish the requested information to the recipient listed.

\_\_\_\_\_  
Signature (REQUIRED)

Detach and remit with payment if you are paying by mail

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	SSN	<input type="text"/>
# OF COPIES REQUESTED AT A COST OF	<input type="text"/>	\$2 PER TRANSCRIPT	<input type="text"/>	TOTAL AMOUNT ENCLOSED	<input type="text"/>