

CONTINUING EDUCATION TRANSCRIPT REQUEST FORM

*****\$6.00 fee for each "official" transcript requested*****

Mail or Fax to:

Registrar's Office
PO Box 266 Dublin, NC 28332
Tel: 910.879.5539
Fax: 910.879.5564

Current Date

Use a SEPARATE request form for each recipient address.

LAST NAME <input style="width: 150px;" type="text"/>	FIRST NAME <input style="width: 150px;" type="text"/>	MIDDLE INITIAL <input style="width: 50px;" type="text"/>
FORMER/MAIDEN <input style="width: 200px;" type="text"/>	SS# OR STUDENT ID # <input style="width: 150px;" type="text"/>	
MAILING ADDRESS <input style="width: 200px;" type="text"/>	CITY <input style="width: 80px;" type="text"/>	STATE <input style="width: 50px;" type="text"/> ZIP <input style="width: 80px;" type="text"/>
DATE OF BIRTH <input style="width: 80px;" type="text"/>	PHONE NUMBER <input style="width: 100px;" type="text"/>	EMAIL <input style="width: 150px;" type="text"/>
<p>"Official" transcript are processed within two business days (48 hours) from receipt of the request and payment.</p> <p>Is the transcript to be mailed? <input style="width: 80px;" type="checkbox"/></p> <p>If no, transcript will be picked up. Please allow 48 hours.</p> <p>When do you want this transcript processed?</p> <p>Now <input type="checkbox"/> End of Semester <input type="checkbox"/></p> <p>PRINT the complete name and address of the person or institution to which this transcript is to be released.</p> <input style="width: 380px; height: 20px;" type="text"/> <input style="width: 380px; height: 20px;" type="text"/> <input style="width: 380px; height: 20px;" type="text"/>		<p>Sending by Mail? Print and complete form. Mail the request to the Registrar's Office. Detach the section below and include \$6.00 for each transcript requested. Checks and money orders are accepted. DO NOT SEND CASH! (\$25 service charge fee for returned checks)</p> <p>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 \$6.00 for each transcript requested. Visa and Mastercard are accepted.</p>
<p># of copies requested to be mailed/picked up: <input style="width: 50px;" type="text"/></p> <p>Are you currently enrolled at BCC? <input style="width: 80px;" type="checkbox"/></p> <p style="text-align: center; background-color: #e0e0e0; padding: 5px;">For AHS or GED transcripts please contact 910.879.5592</p>		<p>Regulations Governing the Release of Transcripts:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p style="text-align: center;">_____ Signature (REQUIRED)</p>

Detach and remit with payment if you are paying by mail

LAST NAME <input style="width: 200px;" type="text"/>	FIRST NAME <input style="width: 150px;" type="text"/>	SSN <input style="width: 100px;" type="text"/>
<p># OF COPIES REQUESTED AT A COST OF \$6 PER TRANSCRIPT <input style="width: 50px;" type="text"/></p>		<p>TOTAL AMOUNT ENCLOSED <input style="width: 80px;" type="text"/></p>