

Lenoir Community College ADULT  
HIGH SCHOOL TRANSCRIPT  
REQUEST FORM

**Limit of 2 transcripts**

**Check one:**

- Pick-up
- Mail
- Fax

Department \_\_\_\_\_

Fax Number \_\_\_\_\_ Fax to \_\_\_\_\_

ID Number (SS#) \_\_\_\_\_ Phone Number \_\_\_\_\_

Print Full Name \_\_\_\_\_

Print Mailing Address \_\_\_\_\_

Print City, State, Zip \_\_\_\_\_

Last name while enrolled, if different \_\_\_\_\_

Last year attended Lenoir Community College \_\_\_\_\_

Mail Transcript to, if different from above \_\_\_\_\_

Mail Transcript to address, if different from above \_\_\_\_\_

Mail Transcript to city, state, zip, if different from above \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and return via mail to:**

Lenoir Community College  
Transitional and Career Studies  
PO Box 188  
Kinston, NC 28502

**OR**

Fax to: (252) 233-6880