



ADULT HIGH SCHOOL TRANSCRIPT REQUEST FORM

Limit of 2 transcripts

CHECK ONE: _____ PICK UP _____ MAIL _____ FAX

DEPT: _____ FAX # _____

FAX TO: _____

ID NUMBER (SS#): _____ - _____ - _____

PRINT NAME IN FULL:

FIRST MIDDLE LAST

MAILING ADDRESS

CITY STATE ZIP CODE

LAST NAME WHILE ENROLLED, IF DIFFERENT: _____

LAST YEAR ATTENDED LCC: _____

MAIL TRANSCRIPT TO THE FOLLOWING, IF DIFFERENT FROM ABOVE:

PERSON/ COLLEGE/ DEPARTMENT

ADDRESS

CITY STATE ZIP CODE

SIGNATURE: _____ **DATE:** _____

Please complete and return via mail to:

Lenoir Community College
Basic Skills Department
PO Box 188
Kinston, NC 28502 Or Fax to : (252) 233-6880