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