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