

## ADULT HIGH SCHOOL TRANSCRIPT REQUEST

## **PLEASE NOTE:**

- Adult High School transcripts are free of charge.
- Transcripts must remain sealed to be official.
- Requests for multiple copies are sealed separately and housed in one envelope; the outer envelope can be opened.

Complete and return form:

In Person: Bishopric Lifelong Learning Center (BLLC)
Mail: Arcelle Taylor, PO Box 38, Wentworth NC
E-mail: 27375-0038 taylora6732@rockinghamcc.edu

Fax: (336) 634-3023

**Questions?** Call (336) 342-4261, ext. 2146

Name:			Date:
Street Address:			ID# or last 4 of SSN
	State:		Date of Birth
		•	☐ I am currently enrolled.
			☐ I am <b>not</b> currently enrolled.
, ,			Year Last Enrolled at RCC:
CHOOSE ONE:	NOW		
COMPLETE REQUEST		=0 ADE DOOTED	
│ □ HOLD REQUEST UNTIL │	. CURRENT COURSE GRADE	ES ARE POSTED	
CHOOSE MAILING OR PICK UP OPTION AND INDICATE QUANTITY:			
☐ MAIL COPIES OF	MV TDANSCRIPT TO:		
Department:			
Street Address:			
		04-	70
City:		Sta	ate: Zip:
☐ MAIL ME COPI	IES OF MY TRANSCRIPT		
☐ I WILL PICK UP COPIES OF MY TRANSCRIPT (Photo ID is required for pick up.)			
│ │ □ │ I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUAL TO PICK UP A TRANSCRIPT ON MY BEHALF:			
Individual's Full Name			
		leased to other individua	als without this information and the student's signature below.
STUDENT SIGNATU			DATE
Unless sent from an official Rockingham Community College email account, this form must have a handwritten signature.			
OFFICE USE ONLY: Proce	essed by Da	ate	