

REQUEST FOR TRANSCRIPT FORM

TO THE APPLICANT: Please complete this form and mail to your high school/GED Center and College (if applicable). Complete one form for your high school and each college attended (if applicable). A transcript fee may be charged by your high school or college. Please contact them to determine the amount to include with this request. The transcripts must be on file in the Student Services Office prior to processing your application.

NAME: _____

NAME YOU ATTENDED UNDER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

NAME OF HIGH SCHOOL OR COLLEGE ATTENDED: _____

LAST DATE OF ATTENDANCE: _____

TO THE HIGH SCHOOL/COLLEGE OFFICIAL:

Please send an official copy of my educational record to:

Student Services Office
Johnston Community College
P O Box 2350
Smithfield, NC 27577

Please return this form with the official transcript.

Thank you.

Student's Signature

P O Box/Street

City, State Zip