

**Authorization to Release
Placement Test, Verification of
Enrollment or Transcript**



**Registrar Office
800 College Court
New Bern, NC 28562
252-638-0196**

Allow 3-5 Business Days for Processing

Select one:

1. All financial obligations to the College must be settled before release of records.
2. Cost: **\$10.00** for **each** transcript. Transcripts will not be issued without payment. **There is no fee for Placement Test Scores or Enrollment Verifications.**
3. Transcript requests can now be completed online at **cravencc.edu**. *This form is only for **in-person** requests or **mailed** requests with an accompanying check made out to Craven CC.*
4. All requests must be **signed** below.

- Placement Test
- Verification of Enrollment
- Transcript

Last Name	First Name	Middle/Maiden	
P. O. Box/Street Number	City	State	Zip
Current Telephone Number	Student ID #	Date of Birth	

Email Address:

Signature:

Date:

Forward Transcript to:

Name of School/Business: _____ **Attention:** _____

Street Address: _____

City/State/Zip: _____

No. copies to be sent to this address: _____ Last date of attendance: _____

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Send Now? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hold for final grades? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hold for degree? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently enrolled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Curriculum
 Continuing Ed/Workforce Dev
 Combined CU & CE/WFD
 Adult High School

Mail Authorization to Release Form to:	FOR OFFICE USE ONLY			
Registrar Office Craven Community College 800 College Court New Bern, NC 28562	Date Received:		Date Sent:	
	Approved:		Hold:	
	Amount Due:		Paid:	