



REQUEST FOR Adult High School TRANSCRIPT

Please complete this form and mail, fax (252-637-6112) or email (studentrecords@cravencc.edu) it to the Registrar's Office.

NOTE: THE STUDENT'S SIGNATURE IS REQUIRED BEFORE THE TRANSCRIPT WILL BE RELEASED

Name (Please print) _____

Name While Attending AHS Program (if different) _____

Today's Date _____ Student ID or Last 4 digits of SS# _____

Date of Birth _____ Current Phone Number _____

Approximate Date/Semester of Completion _____

Present Address _____

Send a Copy to _____

OR

I will pick up the transcript on or after _____
(Allow a minimum of 24 hours)

Signature of Student _____

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Office Use Only

Request Taken by _____ Request Processed by _____

Date Processed _____ Comments _____

Registrar's Office
109 Barker Hall
Craven Community College
800 College Court
New Bern, NC 28562
252-637-6112