

TRANSCRIPT REQUEST FORM
Western Piedmont Community College
Morganton, North Carolina

(Name of School)

TO SCHOOL OFFICIAL:

Please send an official copy of my transcript to:

Admissions Office
Western Piedmont Community College
1001 Burkemont Avenue
Morganton, NC 28655

The following information is provided for your use in locating my record: **(Please Print)**

Last Name	First Name	Middle/Maiden Name
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Date of Birth (Month, Day, Year)

Current Address	City
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State	Zip Code	(Area Code) Phone Number
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Date of Attendance or Graduation	School Records Under Name Of
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My signature below authorizes release of my student records.

Signature	Date
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***NOTE: You may be required to pay a fee for this service.**

ATTENTION APPLICANTS:

Complete this form and send it to the school attended.

AND

If you have attended any college or university, request that an official transcript be sent from each school you have attended.