



Curriculum Transcript Request

Name _____ (Last, First, Middle) Former/Maiden _____

Social Security No or College ID _____

Address _____ City _____ State _____ Zip _____

Student Signature Required _____

Check if new address: Daytime Telephone: _____

Date _____

From _____ To _____

Last Major at CFCC _____ Years Attended _____

Number of copies requested: _____ Fee Amount: _____

Check one:

- Send Now
- Send after current grades are posted (Mo/Yr) ____/____
- Send after degree is posted (Mo/Yr) ____/____
- Send after change of grades is posted for _____

A fee of \$2.00 per copy is payable in advance. Make checks payable to Cape Fear Community College. Requests will be honored only if all financial obligations with the College are cleared.

Please allow 24 hours for processing. Additional processing time may be needed during grade processing and registration.

I will pick up my transcripts (ID required)

Send to: (please write clearly below)

Instructions:

1. Make sure you have completed the form with your signature.
(*Requests will not be processed without a signature.)
2. Enclose a check or money order to cover the cost of the transcript(s).
3. Mail the completed transcript request form and fee to:

Records Office
Cape Fear Community College
411 N. Front St.
Wilmington, NC 28401