



# Bladen Community College

Contact: Gale West Telephone: 910-879-5592

Continuing Education Transcript Request Form

Adult High School and Continuing Education Transcripts

**PROCESSING TIME IS FIVE (5) DAYS**

Full Name While Enrolled: \_\_\_\_\_

Other Name(s) Used While Enrolled: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ or SSN #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone #: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Transcript Requested (Please Check): Adult High School: \_\_\_\_\_ Continuing Education: \_\_\_\_\_

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**Official Transcripts – Will Be Sent to Home Address or Business Address**

Home/Business Address: \_\_\_\_\_

To: (Registrar Of College Your Name): \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your signature authorizes this request. If you do not sign this request, it will not be processed.**

There is a \$2.00 fee for each transcript requested. Payment(s) may be made in cash, money order, or credit card over the telephone. **Do Not Send Cash in Mail**

**Mail Transcript Request(s) to:**

Gale West  
Continuing Education  
Bladen Community College  
PO Box 266  
Dublin NC 28332

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For Office Use Only

Continuing Education Transcript Receipt

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_