



# Coastal Carolina Community College Request for Transcript or Placement Test

(no fee required)

**Send completed form to:**

Coastal Carolina Community College -Registrars Office  
444 Western Boulevard  
Jacksonville, NC 28546  
Fax: (910) 455-2767

Date Requested

**Student Information** *(All financial obligations must be satisfied before processing.)*

First Name

MI

Last Name

Name used when registered if different from above:

Date of Birth

Social Security #

OR Student ID

Year Attended

(e.g. 2005)

Telephone

**Is this transcript:**

- Curriculum (credit) Courses  Continuing Education (non-credit)  Adult High School or  GED  COMPASS/ASSET Test

**Do you want:**

Official Transcript

Number Requested

**Should we:**

Issue transcript now

Student Transcript

Number Requested

Hold for term grades  
(end of semester)

**Delivery Method (please select one)**

- Pick Up - Photo ID (student ID, drivers' license, etc.) is required to pick up your transcript

- Someone else to pick up transcript. If so who?

Name:

- Fax unofficial transcript

Fax Number:

Recipient Name:

- Mail transcript to the college, university, or individual listed below

College or

Recipient Name:

College or

Recipient Name:

Address 1:

Address 1:

Address:

Address:

City:

City:

State

Zip

State:

Zip

Student Signature:

If you are picking up transcripts, they must be picked up within thirty (30) days.

Transcripts may take up to 5 working days during extremely busy working periods (for example, during registration).

**Office Use Only**

Date Transcript Processed