

# Continuing Education Transcript Request Form

**Student Information (please print legibly):**

**\*Complete this request form completely. Failure to provide all information could cause a delay in processing.**

\_\_\_\_\_  
(Current Last Name) (First Name) (Middle) Previous or Maiden Name(s)

Current Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Birth:(**required**) \_\_\_\_\_ Last Year Attended: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Approximate) (Or last 4 of SSN)

***In compliance with the Family Educational Rights and Privacy Act of 1974, it is the policy of Sandhills Community College not to release this transcript to any individual, agency, or organization without the written & signed consent of the student.***

**Signature (Required):** \_\_\_\_\_ **Date** \_\_\_\_\_

Transcripts are processed within 2-3 business days. We **do not** Fax or Email transcripts.  
Write the number of transcripts needed in the appropriate box:

☐ **Unofficial**

☐ **Official**

**Check one of the following:**

( ) I will PICK-UP my transcript in 2 -3 days (*Picture I.D. required upon pick-up*)

( ) Please MAIL my transcript to the following address:

College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

( ) I give permission for someone else to PICK-UP my transcript in 2 -3 days: (*Picture I.D. required upon pickup*)

- Please allow **4-5** days at the end of term and during registration for the request to be completed.
- Completed forms can be faxed to (910) 695-3981 or mailed to:  
Sandhills Community College  
Attn: Office of the Registrar  
3395 Airport Road  
Pinehurst, NC 28374