



**WESTERN PIEDMONT  
COMMUNITY COLLEGE**

Office of Admissions and Records, 1001 Burkemont Ave., Morganton, NC 28655  
Attn: Cathy Williams Fax Number: (828) 448-6179

**Workforce Continuing Education  
Transcript Request Form**

*Please Print Clearly*

**Student ID# or Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle/Maiden Last

**Address:** \_\_\_\_\_  
Current PO Box or Street Address  
\_\_\_\_\_  
City State Zip

- Check here to update your mailing address.  
 Check here to update your telephone number.

If your name has changed since your record was established, please print **original** name:

\_\_\_\_\_

**Year Last Attended WPCC:** \_\_\_\_\_

**Indicate if your last enrollment was before 1983** \_\_\_\_\_

**Note:** Allow at least 3 days during the semester and 1 week at the end of the semester for transcripts to be sent. **If someone other than the person requesting transcript is to pick it up, written authorization will be required.**

**Select from the following:**

- Unofficial Transcript copy (Personal use only)  
 Official Transcript

**Total Number of Transcripts** \_\_\_\_\_

- Pick up transcript  
 Mail transcript now

**Contact Telephone #:** \_\_\_\_\_

**List** all names and addresses below. If you need additional space, please use the back of the form.

**Mail Transcript To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We must have your **signature and date** for your transcript to be processed:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount Received:** \_\_\_\_\_

**Transcript Mailed:** \_\_\_\_\_

11/2016

**Note:** There will be a \$5.00 charge for each official transcript requested. Please pay fees to the Business Office at Western Piedmont Community College.