



**College and Career Readiness Program
REQUEST FOR TRANSCRIPT/TEST SCORES**
Please fax request to 828-448-6167
Attn: Transcript Requests

*Please use this form when requesting
Adult High School Diploma transcripts or High School Equivalency test scores*

Please send a copy of my transcript or test scores to:

OR Western Piedmont Community College
Attn: Admissions Department
1001 Burkemont Avenue
Morganton, NC 28655

(PLEASE PRINT) *The following information is provided for your use in locating my record*

Last Name	First Name	Middle/Maiden Name
<i>(If your name has changed, please print the name you used when attending WPCC)</i>		

Social Security Number	Date of Birth (Month, Day & Year)
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Current Address	City
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State	Zip Code	Telephone Number (with Area Code)
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Year Last Attended WPCC _____	Graduated: <input type="checkbox"/> GED® <input type="checkbox"/> Adult High School
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Signature	Date
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- Official transcript **(AHS only)**
- Unofficial transcript or test scores

- Pick up
- Mail to address above

Staff name: _____ Date filled: _____