WESTERN PIEDMONT COMMUNITY COLLEGE

Office of Admissions and Records, 1001 Burkemont Ave, Morganton, NC 28655
Attn: Chip Craig, ccraig@wpcc.edu

Transcript Request Form

❑ **Curriculum**
(Degree/Transfer Program Courses)

❑ **Workforce Continuing Education**
(Ex. CPR, Fire Fighting, Notary, Nurse Aid, Phlebotomy)

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:

_____

Indicate if your last enrollment was before 1983 _____

Select from the following: Specify number of copies

❑ **Unofficial** Transcript _____ Number of copies

❑ **Official** Transcript _____ Number of copies

❑ Current Semester Schedule (Official)
❑ Enrollment Verification (Official)
❑ Placement Test Scores (Official)
❑ Other (Please Specify) _____

❑ **Mail transcript now**
❑ **Pick up transcript**
Note: If someone other than the person requesting transcript is to pick it up, written authorization will be required.

Student Contact Telephone #: _____

Mail Transcript To:

List name and mailing address for each recipient/receiver in the space below.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Signature: _____

Date: _____

For Student Records Use Only

Amount Received: _____

Date Processed: _____

Last Term Attended: _____

04/2023

Note: There will be a $5.65 charge for each official transcript requested. Please pay fees to the Business Office at Western Piedmont Community College and bring receipt to the Records Department prior to processing.