



WESTERN PIEDMONT
COMMUNITY COLLEGE

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

Transcript Request Form

Please Print Clearly

Curriculum
(Program courses)

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

Student ID# or Date of Birth: _____

Student Contact Telephone #: _____

Name: _____
 First Middle/Maiden Last

Note: Allow at least 3 business days during the semester and 1 week at the end of the semester for transcripts to be processed.

Address: _____
 Current PO Box or Street Address
 _____ _____ _____
 City State Zip

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

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

Mail Transcript To:

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 copy (Personal use only)
 Official Transcript
Total Number of Transcripts _____

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

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

Signature: _____

Date: _____

- Mail transcript now**
 Pick up transcript

For Student Records Use Only

Amount Received: _____

Date Processed: _____

Last Term Attended: _____

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

07/2021

Note: There will be a \$5.25 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.