



CURRICULUM TRANSCRIPT/TEST SCORES RELEASE FORM

A SEPARATE FORM MUST BE USED FOR EACH RECIPIENT

REQUEST FULFILLED

BY _____

_____/_____/_____

BOX A – Demographic Information

A. FULL NAME _____
Last First Middle

B. DATATEL # _____
or SOCIAL SECURITY NUMBER

C. NAME ATTENDED UNDER (if different from above) _____

D. DATE OF BIRTH ____/____/____

E. EMAIL ADDRESS _____ @ _____ . _____

F. DAYTIME PHONE NUMBER (____) ____ - _____

G. MAILING ADDRESS

Address _____ City _____ State _____ Zip _____

H. REASON FOR REQUEST (this information is requested for statistical purposes and is not released externally)

- TRANSFERRING TO A 4-YEAR SCHOOL
- SCHOLARSHIP APPLICATION
- VERIFICATION OF PREVIOUS EDUCATION
- TRANSFERRING TO ANOTHER 2-YEAR SCHOOL
- EMPLOYMENT
- MY OWN USE (Unofficial Copy)
- OTHER (please specify) _____

BOX B – Request Details

FOR INFORMATION REGARDING CONTINUING EDUCATION (CE) TRANSCRIPTS AND/OR ADULT HIGH SCHOOL DIPLOMA OR G.E.D. TRANSCRIPTS, CONTACT (910) 755-7380.

A. DATE OF REQUEST ____/____/____

B. TYPE OF REQUEST
 ____ COPIES OF MY CURRICULUM TRANSCRIPT
 ____ COPIES OF MY PLACEMENT TEST SCORES
 (PLACEMENT TEST SCORES ARE ONLY VALID FOR 5 YEARS)

C. FULFILLMENT DATE
 (requests will be available one business day after receipt of this request)
 PROCESS IMMEDIATELY
 HOLD FOR _____ SEMESTER GRADES
 HOLD FOR POSTING OF MY _____ DEGREE
 SPECIFIC DEADLINE ____/____/____

D. DELIVERY OF REQUEST
 PICK-UP (available one business day after receipt of this request)
 MAIL TO (specify address) _____

Individual, Institution, or Office Name

To the Attention Of (optional)

Address

City

State

Zip

TRANSCRIPT CHARGES

effective July 1, 2012

- **\$2 per transcript** (available one business day after receipt of the request and payment).
- **\$5 on-demand processing fee per order** for same-day service (on-demand processing is not available during registration days, grade due dates, the first day of classes, etc.).

FOR EXAMPLE: 2 transcripts would cost \$4 for normal, next-day service, or \$9 for same-day service (\$4 for transcripts + \$5 on-demand processing fee).

CALL (910) 755-7318 TO MAKE YOUR PAYMENT

BOX C – Authorization

By signing this document, the student gives BCC permission to release the transcripts and/or test scores to the named recipient.

Student's Signature _____

Date _____

If there are any fees/holds on the student's account and/or this document does not contain the student's signature below, this request will not be processed.

PLEASE MAIL REQUESTS WITH PAYMENT TO:

BRUNSWICK COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
PO Box 30
SUPPLY, NC 28462-0030

FAX OR REQUESTS TO:

(910) 754-9609
AND
CALL THE BUSINESS OFFICE TO PAY
AT (910) 755-7318