

BRUNSWICK COMMUNITY COLLEGE

Adult High School Diploma Program Transcript Request Form

DATE _____ Social Security Number _____-____-_____

Full Name _____

Address _____
Street/P.O. Box

City _____ State _____ Zip _____

Phone (____) _____ Email _____

I attended under another name _____

I hereby authorize Brunswick CC to release my Adult High School transcript to:

- Prepare a student copy for me to pick up.
- Prepare an official copy for me to pick up.
- Forward a copy to Brunswick CC Admissions.
- Forward a copy to the following address:

Name/Institution

Street/P.O. Box

City State Zip

Student Signature *(required for processing)*

Date

Please complete form and return to:

Brunswick Community College Foundational Studies
PO Box 30
Supply, NC 28462

jacksond@brunswickcc.edu

fax: (910) 755-7411

For Office Use Only		Date received:	staff initials:
Date mailed:	staff initials:	Date picked up:	staff initials: