

CENTRAL CAROLINA TECHNICAL COLLEGE COLLEGE TRANSCRIPT REQUEST FORM

Please send an official college transcript for the following student to:

Center For Student Information (Student Records)
Central Carolina Technical College
506 N. Guignard Drive
Sumter, SC 29150

Please return the yellow copy of this form with the transcript to Central Carolina.

STUDENT INFORMATION

NAME _____
Last First Middle

MAIDEN NAME (If applicable) _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH (MM/DD/YY) _____ / _____ / _____

LAST YEAR ATTENDED _____

INFORMATION RELEASE AUTHORIZATION

I understand that it is my responsibility to request any and all college transcripts. The transcript(s) **will not** be requested by CCTC. My signature below authorizes release of my transcript(s). I understand that if there are any charges for the transcript, I am responsible for these and should be notified at the address shown below.

Student's Signature _____

Address _____

City _____ State _____ Zip _____

Telephone number _____