

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

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 _____