

CCC&TI Transcript Request

Dear Student

To Request a transcript from Caldwell Community College & Technical Institute, please complete this form and mail to:

Caldwell Community College & Technical Institute
2855 Hickory Boulevard
Hudson, NC 28638
Or you can fax it to (828) 726-2709.

If you have any questions or need additional information, please contact Connie Wilson at cwilson@cccti.edu or call (828) 726-2720.

All financial obligations to the college must be cleared before any transcript will be released. It is recommended that at least one week be allowed for the processing and mailing time of transcripts. Every effort is made to process transcripts in a timely manner. CCC&TI does not charge a processing fee for transcript requests.

Student Information

Name _____ Student ID# or SSN # _____
Last First Middle

Other Names You May Have Used _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Contact Telephone Number **(Required)**

Home Phone # _____ Business Phone # _____ Cell Phone # _____

Transcripts

- College
 - Continuing Education
 - Adult High School (Year graduated from CCC&TI _____)
- Student Copy (No. of copies _____)
Unofficial transcripts are available through WebAdvisor.
- Official Copy (No. of copies _____)
- Note: For GED transcripts /test results taken in NC, contact: North Carolina Community College System, the GED Line telephone number is (919) 807-7139.
CCC&TI does not maintain these records.

Records

- Medical/Immunization (Health Science Students **(Only)**)
- CPT Scores
- Other: _____

Method of Transcript Delivery

- To be picked up **(Photo ID Required)**
- Pick up on Caldwell Campus
- Pick up on Watauga Campus

- To be mailed

Address for Transcript Delivery **(Required)**:

Use the space to the right to indicate the mailing address where the transcript(s) should be sent. This address will appear on the outside of the transcript envelope.

Note: You must use separate forms if you wish to send transcripts to more than one location.

Name of Institution/Person

Address Line 1

Address Line 2

City State Zip Code

Special Instructions

- Hold until grades are recorded for current semester
- Hold until degree/graduation is recorded

Signature and Date

My signature below authorizes release of my student transcripts/records.

SIGNATURE: _____

DATE: _____