

Caldwell Community College and Technical Institute

Request for Adult High School Transcript

Please use this form when requesting CCC&TI Adult High School Diploma transcripts.

Transcripts cannot be emailed. To request High School Equivalency test scores please visit <u>www.diplomasender.com</u> Please note that you cannot use this form to request continuing education or curriculum transcripts.

Student Information

(PLEASE PRINT) The following information is provided for your use in locating my record:

Last Name		First Name	Middle	Middle/Maiden Name	
(If your name has changed, please prir	nt the name you used wh	nen attending CCC&TI)			
CCC&TI Student ID# or Social Security Number		Date of Birth (Date of Birth (Month, Day & Year)		
Current Address		City			
State	Zip Code	Telephone Nu	mber (with Area Code)		
Method of Delivery					
To be picked up (Photo ID Rec	quired) 🗖 Pick up o	on Caldwell Campus 🛛 Pick	up on Watauga Campi	us	
☐ To be mailed					
Address for Transcript Delivery	(Required):	Name	of Institution/Person		
Use the space to the right to indicate address where the transcript(s) shou		Nume			
his address will appear on the outside of the anscript envelope.			Address Line 1		
		City	State	Zip Code	
Signature and Date					
My signature below authorizes rei	lease of my student t	ranscripts/records.			
SIGNATURE:		DAT	F۰		
		DAT	۲ ۰		
Please complete form and mail to:					
Caldwell Community College & Tec 2855 Hickory Boulevard Hudson, NC 28638	chnical Institute				

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.