Bladen Community College
Student Centered • Future Focused

OFFICIAL TRANSCRIPT FOR CURRICULUM AND WORKFORCE DEVELOPMENT REQUEST FORM
$6.00 fee for each "official" transcript requested

Mail or E-mail to:
Registrar's Office
PO Box 266   Dublin, NC 28332
Tel: 910.879.5539
E-mail: sgonzalez@bladencc.edu

Current Date _____

Use a SEPARATE request form for each recipient address.

| LAST NAME | _____ | FIRST NAME | _____ | MIDDLE INITIAL | __ |

FORMER/MAIDEN _____   SS# OR STUDENT ID # _____

MAILING ADDRESS _____   CITY ____   STATE __   ZIP ____

DATE OF BIRTH ____   PHONE NUMBER _____   EMAIL _____

"Official" transcript are processed within **two business days (48 hours)** from receipt of the request and payment.

Is the transcript to be mailed? _____

If no, transcript will be picked up. Please allow 48 hours.

When do you want this transcript processed?

Now [ ]   End of Semester [ ]

PRINT the complete name and address of the person or institution to which this transcript is to be released.

_____

_____

_____

# of copies requested to be mailed OR picked up: __

Are you currently enrolled at BCC? _____

For AHS or GED transcripts please contact 910.879.5592

Sending by Mail? Print and complete form. Mail the request to the Registrar's Office.
Detach the section below and include $6.00 for each transcript requested. Checks and money orders are accepted. **DO NOT SEND CASH!**
($25 service charge fee for returned checks)

Sending by Email? Complete form and email back to sgonzalez@bladencc.edu. Call the Cashier's Office at 910.879.5507 to pay $6.00 for each transcript requested.
Visa and Mastercard are accepted.

Regulations Governing the Release of Transcripts:
1. Transcripts will be distributed ONLY with written consent.

The Family Education Rights & Privacy Act of 1974 (FERPA), Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be released. By my signature on this form, I am requesting that the Registrar's Office furnish the requested information to the recipient listed.

_____
Signature (REQUIRED)

✂ -
Detach and remit with payment if you are paying by mail

LAST NAME _____   **FIRST NAME** _____   **SSN** _____

 # OF COPIES REQUESTED AT A COST OF [$6] **PER TRANSCRIPT** _____   **TOTAL AMOUNT ENCLOSED** _____