**Corporate & Continuing Education**

**Registration/Records**

 **PO Box 35236; Fayetteville, NC 28303
Phone: (910) 678-8386 Fax: (910) 678-8464**

**Request for Corporate & Continuing Education Transcripts**

| **Name:**  |  |
| --- | --- |
|  | **(Full name/include alias or maiden name while attending FTCC)** |
| **Social Security #:**  | **-****-** | **DOB:**  |  |
| **Home Phone:** | **(     )     -** | **Work Phone:** | **(     )     -** |

| **Send to:**  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**What year (s) did you attend FTCC: From:** **To:**

 **Requesting: (Check all that apply)**

| [ ]  | Adult High School Transcript: Year Graduated       |
| --- | --- |
| [ ]  | Continuing Education Transcript |
| [ ]  | Certificate (Name of Class)      |
| [ ]  | Copy of Diploma ($45.00 charge for backdated diploma. For mail in requests, payment by money order only.)  |

| Student Signature: |  | Date:  |       |
| --- | --- | --- | --- |

**COMPLETE THIS FORM AND FAX OR MAIL TO:**

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| **Fayetteville, NC 28303** |
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**FTCC does not charge for copies of Corporate & Continuing Education Transcripts**