**

**FTCC NO LONGER ACCEPTS FAXED TRANSCRIPT REQUESTS**

 **Curriculum Transcript Request**

**NOTE: PROCESSING TIME IS THREE (3) DAYS**

|  |  |
| --- | --- |
| Full Name While Enrolled: |       |
| Other Name(s) Used While Enrolled: |       |
| Student ID Number: |       | or Last Four of SSN: XXX-XX- |       |
| Birth date: |       | Telephone Number: |       |
| Email Address: |       |
| First Year Attended: |       | Last Year Attended: |       |

**Official Transcripts- Sent to home address or business**

|  |  |
| --- | --- |
| School/Business:  |       |
| Attention To: |       |
| Street Address: |       | Apt/Suite/Unit |       |
| City/State/Zip: |       |
| Signature: |  | Date: |       |

**NOTE:** ***Your signature authorizes the Registrar’s Office to process your request. If you do not sign the request, it will not be processed.***

**There is a $5.00 fee for each transcript requested. Mailed payments can be made by money order only. Cash or credit card (MasterCard or Visa) payments can be made in person only at the Thomas McLean Administration Bldg., Rm. 107.**

**Mail Transcript Request to:**  Fayetteville Technical Community College, Attn: Office of Business and Finance, PO Box 35236, Fayetteville, NC 28303.

|  |
| --- |
| **For Office Use Only****Transcript Fee Received \_\_\_\_\_ Fee Not Required \_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_\_\_\_ Amt. Pd\_\_\_\_\_\_\_\_\_****PERC checked for pymt \_\_\_\_\_\_****Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BO staff signature needed)****Request completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |