



Fayetteville Technical Community College

Curriculum Transcript Request

NOTE: PROCESSING TIME IS THREE (3) BUSINESS DAYS, EXCLUDING SCHOOL CLOSINGS.

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 NON-REFUNDABLE fee for each transcript requested. Mailed payments can be made by money order only. Cash or credit card (MasterCard, Visa, or Discover) payments can be made in person only at the Tony Rand Student Center, Room 132, or the Thomas R. McLean Administration Building, Room 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: _____	