

Learning for Life
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## **MTCC TRANSCRIPT REQUEST**

	CURRICULUM	СОІ	NTINUING EDUCATION	I	
Today's Date:	Number of Offici	al Copies:	Number of Unoffi	cial Copies:	
Student ID #/ Social:			Date of Birth:		
Student's Name: Last	First		Middle Initial		
Maiden or other Name :			Contact Phone#:_		
Address:		City:			
State:Zip:Zip:					
Are you Graduating this Semeste		•		egree posted ? Yes No	
Mail to:					
-		Name			
Street		City	State	Zip	
Mail to:					
		Name			
Street		City	State	Zip	
Student's Signature (Required	d):				
= = = = = = = = = = = = = = = = = = =	ks MUST Contain Physica MTCC Admis 54 Col	al Address, Phone Nu		Number	
Or Fax this completed form to (828)	659-0430 Amount (\$3.	00 per Official Transc	ript):		
Credit Card Information: Card Type	(Circle One): Vi	sa MasterCar	d		
Credit Card Number:	Expira	ation Date:	Security Code (On Ba	ack of Card):	