

ROBESON COMMUNITY COLLEGE

Request For Transcript

To: _____ Address: _____
(Name of School) (Street)

(City) (State)

A copy of my transcript is required as part of the admission procedures at Robeson Community College. The following information is provided to help in locating my record:

Name of Student _____

Address _____

Maiden Name (if you are a married female) _____

Date of Birth _____ Social Security No. (last 4 digits) _____

Year Graduated _____ or Date Withdrew _____

Mail To: ADMISSIONS OFFICE, Robeson Community College, Post Office Box 1420, Lumberton, NC 28359

Thank you for your prompt attention: _____
Signature Date

***Return yellow copy with transcript to Robeson Community College.**