	(NOTE: Some	schools charge a fee for	official transcript	s.)	
Social Security Number		Date of Birth			
Last Name		First		Middle/Maiden	
Ot	her name(s) und	er which your records ma	ay be listed		
Street Address		City	State	Zip	Phone Number
Transcript requested from (n	name of your high	n school or GED center)	:		
Enrollment dates: From		to		Graduation date:	
Signature of Student				Date	
SCHO	OOL official:	Please attach a copy of Robeson Community Co Admissions Office P.O. Box 1420 Lumberton, North Caro	llege	ranscript and mail to	

TRANSCRIPT REQUEST FORM (for official high school or college transcript or GED scores)

2. Complete this Transcript Request Form and send it to your high school, college or GED center.

Instructions to student: 1. Submit an admissions application to Robeson Community College.