

# BRUNSWICK COMMUNITY COLLEGE

## Adult High School Diploma Program Transcript Request Form

DATE \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I attended under another name \_\_\_\_\_

I hereby authorize Brunswick CC to release my Adult High School transcript to:

- Prepare a student copy for me to pick up.
- Prepare an official copy for me to pick up.
- Forward a copy to Brunswick CC Admissions.
- Forward a copy to the following address:

\_\_\_\_\_  
Name/Institution

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Student Signature *(required for processing)*

\_\_\_\_\_  
Date

Please complete form and return to:

Brunswick Community College Foundational Studies  
PO Box 30  
Supply, NC 28462

**Jennifer Lester**  
[lesterj@brunswickcc.edu](mailto:lesterj@brunswickcc.edu)

For Office Use Only		Date received:	staff initials:
Date mailed:	staff initials:	Date picked up:	staff initials: