[](http://www.google.com/imgres?imgurl=http://ecspeedway.com/wp-content/uploads/2014/03/Martin-Community-College.png&imgrefurl=http://ecspeedway.com/&h=191&w=380&tbnid=aVdO_50Wk60oEM:&zoom=1&docid=3xZ5WMQTJV9GAM&ei=f4VqVNrEAcOYyATWx4CQBw&tbm=isch&ved=0CFUQMygxMDE&iact=rc&uact=3&dur=3022&page=2&start=20&ndsp=30)

**ADULT HIGH SCHOOL TRANSCRIPT REQUEST**

***(do not use this form for High School Equivalency/GED® requests, visit our website and choose that option)***

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student While Enrolled (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Transcript to:

Your Address:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are picking up the transcript: \_\_\_\_\_\_ (**please allow 24 hours for all requests**)

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(for office use only)

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**Please send request to:** Martin Community College

Attn: Jennifer Phelps

1161 Kehukee Park Drive

Williamston, NC 27892