

ATTENTION STUDENT: THIS FORM SHOULD BE SENT DIRECTLY TO YOUR HIGH SCHOOL OR COLLEGE. DO NOT RETURN THIS FORM TO THE PCC ADMISSIONS OFFICE. PLEASE CHECK WITH THE SCHOOL OR COLLEGE YOU ARE REQUESTING THE TRANSCRIPT FROM TO SEE IF THERE IS A FEE AND ENCLOSE THE FEE WITH THIS FORM.

TO: _____
(High School) (Address) (City) (State) (Zip)

Please forward a copy of my transcript and placement test scores to Piedmont Community College so that I will be able to enroll in one of their programs. Please mail it to the following address:



PIEDMONT COMMUNITY COLLEGE
Office of Admissions
P.O. Box 1197
Roxboro, North Carolina 27573

Full Name: _____
(First) (Middle) (Last) (Maiden)

Date of Birth _____ Social Security No. _____
(Month) (Day) (Year)

High School Attended: _____

Graduated: Yes () No () Date of Graduation _____

Post Secondary School Attended: _____

Graduated: Yes () No () Date of Graduation _____

I AUTHORIZE THE RELEASE OF MY TRANSCRIPT TO PIEDMONT COMMUNITY COLLEGE.

NOTE TO STUDENT: Send separate requests for transcripts to The high school and post –secondary school you have attended.

(Signature)