

REQUEST FOR PCC TRANSCRIPT

Mail form to Piedmont Community College, Records, PO Box 1197, Roxboro, NC 27573, fax the form to: (336)598-9283, or scan/take a picture of the form and email to records@piedmontcc.edu. See Payment and Fee Information below regarding making your payment.

Name _						
Last		First	Middle		Maiden	
Address						
	Street	City	St	Zip	Phone number with area code	
PCC ID Number:		OR Last 4 of SS Number:			Date of Birth:	
Email Ac	ldress:					
Paymen mail a ch request c	t and Fee Inform eck with the requ	ation: \$10.00 each payal est form. If paying by Deledmontcc.edu/student-life	ble in advai bit or Credi	nce. Proo t card, ple	f of payment is required. Please ease click to process your ript/	
	transcript:					
	Piedmont Comn Pick-Up Today Hold for final gr Someone else to	nunity College Personnel ades and/or graduation to pick up transcript. If so,	Office to be posted who? (The	d person n	ge) also available on WebAdvisor nust have a photo ID to pick up your	
Mail to:	1st NAME and			2 nd N	AME and Address	
Full Leg	al Signature	Office Use Only	v Below Th	is Line	Date	
Amount	Paid	 Initials			ssed by	