

Request Form for Adult High School (AHS) Transcript

Date: _____

Name: _____
(Last Name) (First Name) (Middle/Married/Maiden, etc.)

Other Name(s) Used: _____

Social Security Number: _____ Date of Birth: _____

Daytime Phone: (_____) _____

Month/Year Class Taken: _____ Month/Year Completion: _____

I, _____, authorize by my signature the release
Print Student Name

of these records to _____, as requested herein.
Print Person, College or Organization Name

Address to mail documentation to: _____

Student Signature _____ Date _____

*Please submit this completed form to the appropriate individual below based on county of attendance or
mail to 3395 Airport Road in Pinehurst NC, 28374, or to the
SCC Hoke campus at 1110 East Central Avenue in Raeford, NC 28376.*

Allow 7 bb