



College & Career Readiness Adult High School Transcript Request Form Attention: Erika Gillis

BRIDGE ACADEMY
TRI-COUNTY COMMUNITY COLLEGE
21 Campus Circle
Murphy, NC 28906
Phone: 828-835-4228
Fax: 828-837-3266

PLEASE COMPLETE:

Student Name: _____

	Last	First	Middle
Last Name: <small>(if different, while attending TCCC)</small>	_____		
Telephone Number:	_____		
SSN Number:	_____		
Date of Birth:	_____		
Year Completed Program:	_____		

Please send my Adult High School transcript to the person(s) or institution(s) listed below.

SEND TRANSCRIPT(S) TO:

Institution/Individual
Complete mailing address required.

Name: _____
Address: _____

Student
Complete only if you want to have a copy mailed to you.

Name: _____
Address: _____

Official transcripts will not be released for students who are indebted to the college.

SIGNATURE REQUIRED

Signature

Date

OFFICE USE ONLY:

Indebted: Yes
 No

Issued to Student:

Date Sent: _____