

**ALAMANCE COMMUNITY COLLEGE  
REQUEST FOR AHS OFFICIAL TRANSCRIPT**

**Please allow 3 – 4 business days to process forms**

**Please print all information.**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
(while at ACC) Last First Middle Maiden

Address \_\_\_\_\_  
Street or Post Office Box Number

\_\_\_\_\_ City State Zip

Phone Number ( ) \_\_\_\_\_  Call when ready

Year of completion \_\_\_\_\_ # of copies \_\_\_\_\_

**Do you want to?**

Pick up transcript  
(You may have an alternate person pick up your transcript. This person **must have a photo ID** to pick up your form(s). Person's name \_\_\_\_\_)

Send to ACC Admissions

Mail to the address listed below (**list complete name and address**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail Request to:**

Alamance Community College  
Academic & Career Readiness  
PO Box 8000  
Graham, NC 27253-8000  
**Or Fax to:** (336) 506-4168

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Transcripts not picked up will be discarded after 60 days.

Revised 8/2015

FOR OFFICE USE
Note:
By:
Date: