

Adult High School Transcript Release Form

Cleveland Community College
Learning Center

Date: _____

Name: _____ Soc. Sec. #: _____

D.O.B.: _____

Address: _____ Phone#: _____ Home

_____ Work/Cell

Graduation Date: _____

Last Date Attended: _____

Please read and complete the bottom portion of this form if:

Transcript should be mailed, faxed, or transferred electronically, or

Request is being done by mail, fax, or electronically.

- Questions concerning requests should be directed to Jan Neal by phone at 704-669-4052 or email at neal@clevelandcc.edu.
- Please include with this form copies of your Driver's License and Social Security Card.

Receiver Information:

Name	Address/Fax #/Email	# of Copies
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature

Date

School Official's Signature

Date

For Office Use Only:
Date sent or picked up and
logged in _____