

REQUEST FOR EDUCATIONAL RECORD

TO: _____
Name of High School, College, or GED Testing Center

Address City State Zip Code

**Request that _____ official transcript of my educational record be forwarded to:

Admissions Office ()Now
Beaufort County Community College ()End of Term
P.O. Box 1069 ()When I Graduate
Washington, NC 27889

The following information is being furnished to help you identify my record:

Name _____
Last First Middle Maiden

Parent's Name _____

Social Security Number _____ Date of Birth _____

Dates of Attendance _____

For GED tests taken while in military service, complete the following:

Branch of Service _____

Dates of Military Service (Years) _____

Places of Testing and Approximate Date _____

Date

Signature

Address

City State Zip

Please return form **or indicate student's current **FULL** name on transcript.