



Davidson-Davie

COMMUNITY COLLEGE

College and Career Readiness TRANSCRIPT REQUEST FORM

Please submit this form to College and Career Readiness by:
Mail to Attn: CCR, Davidson-Davie Community College, P.O. Box 1287 Lexington, NC 27293-1287
Email to ccr@davidsondavie.edu

Student should complete this section.

Student's Last Name, First, Middle Initial: _____

Previous Names (if applicable): _____

Student's Date of Birth: _____ Last four digits of SSN: _____

Student's Current Mailing Address: _____

Dates of Attendance: _____ Did you graduate? _____

Transcript Requested: _____ Adult High School Official
Please indicate if you need more _____ Adult High School Unofficial
than one copy. _____ GED Unofficial (1942-2013 only)

Send Transcript to: _____

Date of Request: _____

Signature of Student

For Office Use Only

Date Request Processed: _____ By: _____