



MTCC TRANSCRIPT REQUEST

McDowell Technical Community College
54 College Drive • Marion, NC 28752 • (828) 652-0622 • Fax (828) 659-0430

Today's Date: _____ Number of Official Copies: _____ Number of Unofficial Copies: _____ (no charge)

Student ID #: _____ - _____ - _____ or Date of Birth: _____

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

Maiden or other Name: _____ Contact Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Last Attended: _____ If your last enrollment was before 1984 please indicate here: _____

Hold for Current Semester Grades: Yes: _____ No: _____ Hold for Degree Posted: Yes: _____ No: _____

Mail To: _____

If mailing to more than one address: _____

Student's Signature (Required) : _____

To Mail this request: Send Check or Money Order for \$3.00 per Official transcript to:

MTCC Admissions Office / Transcript Processing,
54 College Dr.
Marion, NC 28752.

(or) Fax this completed form to (828) 659-0430.

Amount (\$3.00 per Official Transcript): \$ _____.

Credit Card Information: Card Type (Circle one): Visa or Master Card

Credit Card Number: _____ Expiration Date: _____

Zip Code from Credit Card billing address: _____