SANDHILLS COMMUNITY COLLEGE

3395 Airport Road * Attn: Business Office

Pinehurst, North Carolina 28374

Fax: (910) 246-4113 for official transcripts Fax: (910) 695-3981 for unofficial transcripts

Phone: (910) 695-3734

Scan and email this form to: transcripts@sandhills.edu

Online Transcript RequestForm

Student Information (pleas *Complete this request form		ovidæll information	could cause a de	elay in processing.		
(Current Last Name)	(First Name)	(Middle)	Previous or	Maiden Name(s)		
Current Address:						
	Zip Code:			Phone:()		
				Student ID#: nate) (Or last 4 of SSN)		
		(Approxi	mate)	(Or last 4 of SSN)		
				e policy of Sandhills Commu <u>& signed</u> consent of the stude		
Signature (Required):				Date		
• • • • • • • • • • • • • • • • • • • •						
Transcriptsare p Write the number of trans		•	/s.We do no	ot Faxor Emailtranscri	pts.	
Unofficial (No charge)				HOLD		
Official (\$.00 –	Payable in the Busines	ss Office)				
Check one of the following () I will PICK-UP my transc	•	I.D. requiredupon p	ick-up)			
() Please MAIL my transcri	pt to the following addres	SS:				
College/Organization	n					
Address:						
City, State & Zip Cod () I give permission for soi		my transcript in 2 -3	days: (Picture I.	D. required upon pickup		
(include the expiration date order to: SandhillsCommur	e, CVV code and the a nityCollege,Attn: Busine	mount of your payes Office, 3395 Airp	mejntFaxto (91 ort Rd.,Pinehu	Carcor Visacredit/debit cardnu 0)246 r4113or mail your check rst,NC28374 Amount: \$ ne BACK of your card. The C	or money	
CVV Code:code on American Express	cards is locatedt be FR	ະ ເລຣເ ວ digit numb RONT above the e	nd of your card	Te BACK of your card. The C I number)	v V	

- x Please allow 4-5 days at the end of term and during registration for the request to be teem to be
- x ALL financial obligations to Sandhills Community College must be met before an OFFICIAL transcript can be issued.