

James Sprunt Community College
PO Box 398
Kenansville, NC 28349
(910) 296-2460
Fax # (910) 296-2526

Rec. No. _____

Paid: _____

Continuing Education
Transcript Request Form

****Continuing Education classes includes: EMS, DOC, Allied Health, CJC/LE, HRD, Occupational Extension, & Self Supporting.**

Cost: \$1 per transcript

Date: _____

Date of Birth: _____

Soc. Sec. No. _____

Telephone No.: _____

Name: _____
(Last) (First) (Middle) (Former)

Address: _____

(City) (State) (Zip)

Transcript to be sent to:

Name and/or Title

Address

City State Zip

No. of Copies Needed: _____

____ I will pick up transcript.

____ Official (in a sealed envelope).

____ Please mail transcript.

____ Unofficial (for my use only).

Signature

FOR OFFICE USE ONLY

Date Mailed: _____

Date Picked Up: _____

**** To pay by phone call the business office at (910) 296-2435.**