

**REQUEST FOR HIGH SCHOOL AND/OR COLLEGE  
TRANSCRIPTS**

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INSTRUCTIONS TO APPLICANT: Mail this request to the high school from which you graduated (GED accepted) OR any college(s) you have attended **since graduation** from high school. (If you have attended an accredited college, it will not be necessary to request your high school transcript.) One (1) official copy of your transcript from each college you have attended must be submitted to the Office of Admissions, Calhoun State Community College.

**PLEASE PRINT**

Principal/Registrar

\_\_\_\_\_  
\_\_\_\_\_



Enter name and address of high school, college or university from which transcript is requested.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If the above institution is located out-of-town, please request a college catalog for course evaluation.  
All high school transcripts must have second semester grades, date of graduation, and signatures to be official.

Please mail an **official** transcript of my record to:

**John C. Calhoun State Community College  
Admissions Office  
P.O. Box 2216  
Decatur, AL 35609-2216**

I attended your school from \_\_\_\_\_ to \_\_\_\_\_ My full legal name is \_\_\_\_\_

Student Number \_\_\_\_\_ Maiden/Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_

My **current** mailing address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

**TO INSTITUTION: Please return a completed copy with the above named student's transcript.**