## **McDowell Technical Community College**

## **Transcript Request Form**

Employee: Please complete this form and mail it directly to the applicable college – highe	st
degree earned AND relevant course studies required. Please verify with your college if a f	ee is
applicable.	

Name of	College		 
Address			 
	State	Zip	 

## **REGISTRAR:**

I am applying for employment at or have been employed by McDowell Technical Community College. As a part of the application procedure, an **official** transcript is required.

Please send an official transcript of my educational record to:

Breanna D. Rose
HR Manager
McDowell Technical Community College
54 College Drive
Marion, NC 28752

The following informat	tion is provided t	to aid you in identif	ying my record:	
Name				
Last	First	Middle	Maiden	
Date of Birth	Social Security Number			
Date graduated		Date last attended		
			Thank you,	
			Signature	