



Please mail an official transcript to:

Attn: Registrar
Blue Ridge Community College
180 West Campus Drive
Flat Rock, NC 28731

TRANSCRIPT RELEASE FORM

PLEASE PRINT:

Last Name: _____

First Name: _____

Middle/Maiden Name: _____

Social Security No: _____

Date of Birth: _____

Dates of Enrollment: _____

(Signature)

Most institutions charge a fee for transcripts. Please determine the policy of your institution and enclose the proper amount with this form.
