

REQUEST FOR OFFICIAL TRANSCRIPT

EAST CENTRAL COMMUNITY COLLEGE
Office of Admissions, Records, and Research
P.O. BOX 129 / 275 W. BROAD STREET
DECATUR, MISSISSIPPI 39327

COMPLETE THIS SECTION ONLY IF YOU WANT TO TAKE YOUR TRANSCRIPT WITH YOU

_____ I want to take this transcript with me
I need: ___ Official copy ___ Student copy

Please mail my transcript to: (Do not complete this section if you are taking your transcript with you)

(College, University, etc.)

(P.O. Box or Street Number)

(City)

(State)

(Zip Code)

YOU MUST COMPLETE THE FOLLOWING SECTION:

PRINT NAME: _____
 First **Middle** **Maiden** **Last**

Print the name under which you were last enrolled _____

SIGNATURE: _____
 First **Middle** **Maiden** **Last**

 --- ---
 Social Security Number

 ID Number

 Last Year Attended ECCC

 /_____/_____
 Date of Birth

CURRENT STUDENTS --\$2.00

FORMER STUDENTS--\$3.00

No Personal Checks Accepted

FIRST ONE AFTER GRADUATION IS FREE

Please send immediately _____ Please hold for final semester grades _____