



MOUNT OLIVE COLLEGE

TRANSFORMING EDUCATION.
TRANSFORM YOUR LIFE.

Request of Transcript

To the student: Send this form to the Guidance or Registrar's Office at the institution you have previously attended. Mount Olive College must have official transcripts from each institution you have attended to complete your admission to the College. Check with your Admissions Representative to see if MOC will need your official high school transcript. Remember, you must sign the request and include your social security number and/or student ID number and the appropriate fee.

To the Registrar: If there is a charge for requested transcripts or any problems with processing this request, please notify the student at his/her address and/or phone number below.

To locate high school addresses: www.local-schools.com

To locate college addresses: www.collegecourse.com

To the Registrar

_____ (Name of Secondary/Post-secondary institution)

_____ (Street)

_____ (City) (State) (Zip)

Please send ___ (# requested) **OFFICIAL** transcript(s) to the address indicated below:

___ MOC – Traditional Admissions
Attn:
634 Henderson Street
Mount Olive, NC 28365

___ MOC – Evening College
Attn:
634 Henderson Street
Mount Olive, NC 28365

___ MOC at New Bern
Attn:
2912 Trent Road
New Bern, NC 28562

___ MOC at Research Triangle Park
Attn:
P.O. Box 12142
Research Triangle Park, NC 27709

___ MOC at Washington
Attn:
4525 Hwy 264 West
Washington, NC 27889

___ MOC at Wilmington
Attn:
1838 Sir Tyler Drive, Suite 100
Wilmington, NC 28405

___ MOC at Goldsboro (SJAFB)
Attn:
Education Svcs/4th Mss/DPE
1520 Goodson Street
Seymour Johnson AFB, NC 27531

___ MOC – Registrar's Office
Attn:
551 Michael Martin Drive
Mount Olive, NC 28365

Student Information:

Name _____ (Former Name) _____

Address _____

City, State Zip _____

Social Security or Student Number _____

Phone _____ Date of Birth _____

Graduated: ___ No ___ Yes Date _____ Degree _____

Check enclosed for \$ _____

Signature _____

Date _____