



# 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](http://www.local-schools.com)

To locate college addresses: [www.collegecourse.com](http://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: Tim Woodard  
634 Henderson Street  
Mount Olive, NC 28365

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

\_\_\_ MOC at Jacksonville  
Attn: Georgette Prichard  
201 Parkwood Drive  
Jacksonville, NC 28546

\_\_\_ 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: Terri Grice  
551 Michael Martin Drive  
Mount Olive, NC 28365

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