

**REQUEST FOR TRANSCRIPT/TEST SCORE REPORT TO BE SENT TO CVCC
ALLIED HEALTH ADMISSIONS**

Attn: _____
Name of high school, State GED Office, college or testing service

Type of transcript requested: High School College

Type of score report requested: ACT Test Scores SAT Test Scores
 ASSET Test Scores COMPASS Test Scores CPT / ACCUPLACER Test Scores

GED Test Scores* Year Tested: _____ Location: _____

*For GED tests taken in NC: Fax request to: 919-807-7164 / 919-807-7172
Mail request to: GED Administrator
NC Community College System
5024 Mail Center
Raleigh, NC 27699-5024

Please send an official transcript/score report to the address shown below. (To be official the transcript/score report must be sent in a sealed envelope. High school transcripts must indicate graduation date.) Attach this form *or copy of this form* to the transcript/score report to ensure proper identification.

Catawba Valley Community College
Student Records/Allied Health Admissions
2550 Highway 70 SE
Hickory, NC 28602

Student's Full Name (*Please print your full name*)

Name under which enrolled/tested if different from above

Social Security Number

Date of Birth

Current Address (include city, state, and zip code)

Dates of Attendance/Test Date(s)

Graduation Date

Student's Signature

Date

PLEASE NOTE: Most colleges/testing services and some high schools charge a fee to process transcript/score report requests. Check with your school for the appropriate fee, which must be enclosed with this request form.

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note:
Examples
are not all
inclusive

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