

Official Transcript Order Form

Print out this application, fill it out in its entirety and mail it to **PRCC, Office of Admissions, Box 5559, Poplarville, MS 39470**. If you have never requested a transcript before, the first one is free. All additional transcripts are \$6.00 each.

Full Name: _____

Name used when attending PRCC: _____
(Be sure to include your maiden name if you were unmarried at the time you attended.)

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

Phone Number: _____ **Years you attended PRCC:** _____

Do you wish your ACT scores included? _____

Address(es) where you wish the transcript to be mailed:

Signature: _____ **Date:** _____

Enclose \$6.00 for each transcript ordered and mail to:

**PRCC
Office of Admissions
Box 5559
Poplarville, MS 39470**