

Transcript Request Form  
**Stanly Community College**  
141 College Drive, Albemarle NC 28001  
Phone: 704-982-0121  
Fax: 704-991-0255

Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

**Name under which you attended** (Print) \_\_\_\_\_

Specify: \_\_\_\_\_ Curriculum (Credit Classes)                      \_\_\_\_\_ Asset Scores  
              \_\_\_\_\_ Cont. Ed (Non-Credit)                                \_\_\_\_\_ Compass Scores  
              \_\_\_\_\_ GED/AHS    \_\_\_\_\_ TEAS Scores

Approximate Dates of Attendance: \_\_\_\_\_

Last Term Enrolled: \_\_\_\_\_ Fall                      \_\_\_\_\_ Spring                      \_\_\_\_\_ Summer

\_\_\_\_\_ I will pick up \_\_\_\_\_ copy(ies) of my transcript on (date) \_\_\_\_\_

\_\_\_\_\_ Please send \_\_\_\_\_ copy(ies) of my transcript to the following:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip

If you owe any tuition or fees to SCC, please pay these before requesting transcripts. Request for transcripts will be honored within 72 hours.

\_\_\_\_\_  
Student Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date Request Honored