| Transcript Request Form                   |
|---|
| Mail or Hand-Deliver to:                  |
| Stanly Community College - Eagle's 1 Stop |
| 141 College Drive,                        |
| Albemarle, NC 28001                       |

| Name (Print                                    | t):   |                                     |  |               |                |                                     |
|--|---|-------------------------------------|--|---------------|----------------|-------------------------------------|
| Maiden/Forr                                    | ner Na  | ame (Print):                        |  |               |                |                                     |
| Maiden/Former Name (Print): Daytime Phone:     |   |                                     |  |               |                |                                     |
| Current Add                                    |   |                                     |  |               |                |                                     |
|  |   | Street                              |  |               |                |                                     |
|  |   | City                                | State                                      |               | Zip            |                                     |
|  |   | Curriculum (Credit Classes          | es) Adult High School (Before 2023)        |               |                |                                     |
| Specify:                                       |   | Continuing Education (Nor           | on-Credit) 🔲 Adult High School (After 202. |               |                | : 2023)                             |
|  |   | Placement Test Scores               | □ TEAS Scores                              |               |                |                                     |
| GE   | D and   | HiSET requests must be ma           | de directly                                | to Diploma Se | nder (diploma: | sender.com)                         |
|  |   | s of Attendance:<br>otion(s) Below: |  | La            | ast Term Enrol | □ Fall<br>led: □ Spring<br>□ Summer |
|  |   | copy(ies) of my trans               |  | ]             | Date<br>wing:  |                                     |
| Name   |   |                                     | Name                                       |               |                |                                     |
| Address  |   |                                     | Address                                    |               |                |                                     |
| City   | y   | State Zip                           |  | City          | State          | Zip                                 |
|  |   | Student S                           | Signature F                                | equired Below | ÿ              |                                     |
| SCC<br>request                                 | If you owe any tuition or fees to<br>SCC, please pay these before<br>requesting transcripts. Request for<br>transcripts will be processed |                                     | Student Signature (Required)               |               | Date Requested |                                     |
| within 72 hours.<br>Form Revised February 2025 |   |                                     | SCC Staff Initials                         |               | Date Processed |                                     |