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

Name (Print) _____

Maiden/Former Name (Print) _____

Social Security Number _____ Daytime Phone _____

Current Address _____

_____

Specify: _____ Curriculum (Credit Classes)
_____ Cont. Ed (Non-Credit)
_____ Adult High School
_____ Placement Test Scores
_____ TEAS Scores

**** GED transcripts may be requested at http://www.nccommunitycolleges.edu/college-and-career-readiness/high-school-equivalency/high-school-equivalency-records****

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 each of the following:

_____
Name
_____
Address
_____
City State Zip

_____
Name
_____
Address
_____
City State Zip

----------Signature Required Below----------

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

Revised March 2016