

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

Name (Print): _____

Maiden/Former Name (Print): _____

Social Security Number: _____ Daytime Phone: _____

Current Address: _____

Street

City State Zip

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

*GED Transcripts may be requested at **www.diplomasender.com**. Please use Google Chrome, Mozilla Firefox, Microsoft Edge, or Apple Safari. DiplomaSender uses the latest technology and security standards to protect data and will not work on Internet Explorer.*

Approximate Dates of Attendance: _____ Last Term Enrolled: Fall
 Spring
 Summer

Select Delivery Option(s) Below:

I will pick up _____ copy(ies) of my transcript(s) on: _____
Date

Please send _____ copy(ies) of my transcript to each of the following:

_____ Name

_____ Name

_____ Address

_____ Address

_____ City State Zip

_____ City State Zip

----- **Student Signature Required Below** -----

<p>If you owe any tuition or fees to SCC, please pay these before requesting transcripts. Request for transcripts will be processed within 72 hours.</p>
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 Student Signature (Required)

 Date Requested

 SCC Staff Initials

 Date Processed