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)
☐ Cont. Ed. (Non-Credit)
☐ Adult High School
☐ 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City State Zip</th>
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----------------------------- Student Signature Required Below -----------------------------

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

Student Signature (Required) Date Requested

SCC Staff Initials Date Processed

Form Revised January 2019