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: ________________________________________________________
   Street
   City       State       Zip
Specify:   □ Curriculum (Credit Classes)             □ Adult High School
         □ Cont. Ed. (Non-Credit)              □ Placement Test 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.
         □ TEAS Scores

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: ________________
□ Please send _______ copy(ies) of my transcript to each of the following:

Name
   Address
   City       State       Zip
Name
   Address
   City       State       Zip

------------------------ 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