



447 College Drive • Sylva, North Carolina 28779  
Phone: 828.339.4206 • 800.447.4091 • ext. 4206  
Fax: 828.339.4495  
[www.southwesterncc.edu](http://www.southwesterncc.edu)

# Continuing Education Records Request Form

ATTENTION: Paula Myers

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Last name, if different, while attending SCC)

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (Home) (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (Work)

Social Security Number: XXX-XX-\_\_\_\_ (Last 4 digits only)

Please send records pertaining to (check all that apply) to the person(s) or institution(s) listed below:

☐ Continuing Education

\_\_\_\_ Official Copy      \_\_\_\_ Unofficial Copy

## SEND TRANSCRIPT(S) TO

### INSTITUTION/INDIVIDUAL

*Complete mailing address required.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### STUDENT

*Complete only if you wish to have a copy mailed to you.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Official transcripts will not be released for students who are indebted to the college.*

## SIGNATURE REQUIRED

Signature \_\_\_\_\_

Date \_\_\_\_\_

*The Continuing Education Office will make every effort to comply with your transcript request within seven business days after it is received.*

## DO NOT WRITE BELOW THIS LINE

Indebted:

☐ Yes      ☐ No

Issued to student \_\_\_\_\_

Date sent \_\_\_\_\_