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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: _____

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

- Continuing Education
- Adult High School
- GED Transcript (Official copies must be requested from Raleigh)

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 _____