

A 24-hour notice is required for pick up. No same-day printing.



Curriculum Transcript Enrollment Verification Form

Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • 828.339.4219 • Fax 828.339.4444 • registrar@southwesterncc.edu

PLEASE PRINT ALL INFORMATION

SSN or Student ID #: _____ Date of Birth: _____

Name: _____
(Last) (First) (Middle) (Former name, if different while attending SCC.)

Email Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

(Complete only if attendance is prior to 1985.)

Dates of Attendance: _____ / _____ to _____ / _____
Month Year Month Year

TRANSCRIPTS *(Complete name and mailing address always required.)*

Official transcripts and/or enrollment verifications will not be released for students who are indebted to the college.

Fax (Please confirm recipient accepts faxes)
(Please list fax number as recipient address)

Pick Up # _____ (After 24-hour notice)

Mail:

Now # _____

End of Current Semester # _____

After this Semester Commencement # _____
(May take up to 2-3 weeks)

Name of Recipient #1 _____

Mailing Address 1 _____

Mailing Address 2 _____

City State Zip _____

Name of Recipient #2 _____

Mailing Address 1 _____

Mailing Address 2 _____

City State Zip _____

PROOF OF ENROLLMENT LETTER

This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins.

Mail Name _____
Mailing Address _____
City State Zip _____

Fax Fax # _____

SIGNATURE REQUIRED

I authorize SCC to release my transcript/enrollment verification free of charge to the addressee(s) listed above.

Signature _____ Date _____

The Registrar's Office will make every effort to comply with your request within seven working days after receipt. Transcript requests for the current term and after graduation will be processed as soon as all grades are received and/or diplomas conferred.