

Continuing Education Records Request Form

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

Yes No

Issued to student _____

Date sent _____