

College and Career Readiness
Adult High School Transcript

447 College Drive • Sylva, North Carolina 28779
Phone 828.339.4361 • 800.447.4091 Ext 4361
Fax 828.339.4442

Request Form

Attention – Crystal Snover

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

Home Telephone _____ Work Telephone _____

Social Security Number _____ Date of Birth _____

Please send my Adult High School transcript to the person(s) or institution(s) listed below.

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 College and Career Readiness Department will make every effort to comply with your transcript request within seven business days after it is received.

THIS SECTION FOR OFFICE USE

Indebted Yes No

Issued to Student

Date Sent _____