

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



**SOUTHWESTERN
COMMUNITY COLLEGE**

**Curriculum Transcript
Enrollment Verification Form**
Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • (828) 339-4219 • Fax (828) 339-4444 • www.southwesterncc.edu

PLEASE PRINT ALL INFORMATION

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

Name: _____
(Last) (First) (Middle) (Last name, if different, while attending SCC. Permanent name changes must be requested with a valid copy of social security card.)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

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

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

This address should be reflected in my student record as a permanent change.

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.

Fax Name _____ Fax # _____

Mail Mailing Address _____
City State Zip _____

TRANSCRIPTS (Complete name and mailing address always required.)

Fax (if the school will accept) _____ Name _____

Mail _____ Mailing Address 1 _____
_____ Now _____ Mailing Address 2 _____
_____ End of Current Term _____ City State Zip _____
_____ After Graduation _____

Pick Up (After 24-Hour Notice) _____

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

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 it is received with the exception of end of current term and after graduation transcript requests. Those will be processed as soon as all grades are received and/or diplomas conferred.

OFFICE USE ONLY

Indebted: ___ Yes ___ No Picked Up: ___ Yes ___ No Date Sent: _____

Letter Sent: ___ Yes ___ No Faxed: ___ Yes ___ No Sent By: _____

Mailed: ___ Yes ___ No