



SOUTHWESTERN
COMMUNITY COLLEGE

Curriculum Transcript
Enrollment Verification Form
Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • (828) 586-4091 • Fax (828) 631-3381 • www.southwesterncc.edu

PLEASE PRINT ALL INFORMATION

Student ID #: _____ Date of Birth: _____

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

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

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

SEND

_____ Transcript(s) _____ How many requested
_____ Now _____ End of Current Term _____ After Graduation

_____ Enrollment Verification Letter _____ Term
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 first day classes begin.

INSTITUTIONAL/INDIVIDUAL
Complete mailing address required.

STUDENT
Complete only if you wish to have a copy mailed to you.

Name

Name

Address

Address

Fax #: _____ (If school will temporarily accept.)

Official transcripts will not be released for students who are indebted to the college.

SIGNATURE REQUIRED

Signature _____ Date _____

The Registrar's Office will make every effort to comply with your transcript within seven working days after it is received.

OFFICE USE ONLY

Indebted: ___ Yes ___ No

Issued to student _____

Date sent _____

Sent by _____