

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.)

Email Address: _____

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

(Complete only if attendance is prior to 1985.)

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

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

☐ Fax (if the school will accept)

Name of Recipient #1

Mailing Address 1

Mail:

☐ Now # _____

Mailing Address 2

☐ End of Current Term # _____

City State Zip

☐ After Graduation # _____ (may take up to 2-3 weeks)

☐ Pick Up # _____ (After 24-hour notice)

Name of Recipient #2

Mailing Address 1

Mailing Address 2

City State Zip

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

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 _____

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.*