



Continuing Education Records Request Form

ATTENTION: MELISSA MEDLIN

447 College Drive • Sylva, North Carolina 28779 •
Phone: (828) 339-4206 • (800) 447-4091 ext. 206 •
Fax: (828) 339-4495
www.southwesterncc.edu

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

Indebted:
 Yes No

Issued to student _____

Date sent _____