

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 – Devonne Jimison

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**

**STUDENT**

Complete mailing address required

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_