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# Continuing Education Records Request Form

ATTENTION: MELISSA MEDLIN

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 \_\_\_\_\_