



Continuing Education Transcript Request Form

CE Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • (828) 586-4091 • (800) 447-4091 • Fax (828) 586-3129 • www.southwesterncc.edu

Social Security Number _____ - _____ - _____

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

Telephone: (____) - _____ - _____ (Home) (____) - _____ - _____ (Work)

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

Please send records pertaining to (check all that apply) to the person(s) or institution(s) listed below:

Continuing Ed. transcripts

AHS

GED MUST BE REQUESTED FROM: www.diplomasender.com

SEND TRANSCRIPT(S) TO

INSTITUTION/INDIVIDUAL
Complete mailing address required.

Name _____

Address _____

E _____

STUDENT

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

Name _____

Address _____

Email: _____

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 request within seven working days after it is received.

OFFICE USE ONLY

Indebted:
 Yes No

Issued to student _____
Date sent _____
Sent by _____