

CONTINUING EDUCATION TRANSCRIPT REQUEST



Submit to: Continuing Education Division
 P. O. Box 151, Whiteville, NC 28472
 Phone: (910) 642-7141 Fax: (910) 642-4409

Current Last Name	First Name	Middle Name	Suffix (if any)
Any Other Name That May have been used while attending SCC:			
Social Security Number	Date of Birth	Dates of Enrollment	
Mailing Address:		Telephone	Today's Date

Please check the box below that applies to your request:

<input type="checkbox"/>	Mail To:	<input type="checkbox"/>	Pick-up (photo id required for pickup):

	_____	<input type="checkbox"/>	If someone else other than yourself will picking up your transcript please give permission below:

<input type="checkbox"/>	Fax To _____		I give permission for _____
			to pick up my transcript

Student Signature Required _____
 Revised 10/21/09