

CURRICULUM TRANSCRIPT / TEST SCORE REQUEST

Southeastern Community College

P.O. Box 151, Whiteville, NC 28472

Phone: (910) 642-7141 * Fax: (910) 642-1267

- SCC Curriculum Transcript
- SCC GED/Adult High School
- Placement Test Scores

This request requires two (2) working days notification and cannot be processed if financial obligations to SCC have not been met.

Student's Current Last Name First Name Middle Name Any Other Names On Records at SCC

_____/_____/_____
Student's Soc. Sec. Number (_____)_____
Area Code/Telephone Number Student's Current Mailing Address

No. of Copies Requested - Limit (5) Date of Birth Year Last Enrolled Today's Date

PLEASE PRINT BELOW THE COMPLETE NAME, ADDRESS, ETC. WHERE REQUESTED INFORMATION SHOULD BE MAILED or CHECK THE BOX THAT APPLIES TO YOUR REQUEST:

- FAX TO: _____
Attention: _____
- SEND NOW
- SEND AT THE END OF CURRENT TERM
- Send after the Certificate, Diploma and/or Degree has been posted.
- PICK UP (Photo identification required for pick up.)
- Permission for _____
to pick up my transcript

(Student's Signature Required) (Date)

Revised 4/19/06