

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"/> Fax To _____	<input type="checkbox"/> If someone else other than yourself will be picking up your transcript please give permission below: I give permission for _____ to pick up my transcript

Student Signature Required _____

Revised 10/21/09