

Transcript Request Form

- Transcripts are \$5.00 per official copy
- Check or money order can be made payable to South Central College.
- Missing information will delay processing.
- Your signature is required to release/mail your student record.
- Your completed form can be mailed, faxed, or scanned & e-mailed to address above.

PLEASE PRINT CLEARLY

Name: _____ SCC ID: _____
Last First MI

SSN# (optional): _____

Name while enrolled (if different from above): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Are you currently attending SCC? _____ If no, when did you last attend? _____

Where did you last attend? Faribault North Mankato MCF Faribault

Check if transcript is to be sent to address above.

Check here to pick-up transcript at the Student Affairs Center.

Please send my transcript to this address: _____ Number of copies: _____

Name: _____

Attention: _____

Street: _____

City: _____ State: _____ Zip Code: _____

2nd Address for 2nd Request (if necessary): _____ Number of copies: _____

Name: _____

Attention: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Check here if you would like this processed after the semester grades. Year/term FALL SPRING SUMMER

Check here if you would like this processed after your degree is posted.

I give South Central College permission to release my transcript(s) to the name and address indicated above.
 Official Transcripts are sent by U.S. Mail with a processing time of 1 week. All holds must be cleared before an official transcript is sent. You will be notified by mail if your transcript cannot be sent based on a hold.

Signature: _____ Date: _____

Method of Payment: (\$5.00 per transcript- must accompany transcript request)

Check one: Check Enclosed Visa Mastercard Cash enclosed

Card Number _____ Expiration date ____/____

Cardholder's Name _____

Cardholder's Zip Code _____

South Central College ID: _____
Amount: \$ _____ (Office use only)