



Transcript Request Form
 MAIL, EMAIL or FAX to:
South Central College - Transcript Request
 1920 Lee Blvd. - North Mankato, MN 56003
 Email: registrar@southcentral.edu
 Phone: (507) 389-7334 FAX: (507) 389-9152

- OFFICIAL** (\$5 per copy)
 UNOFFICIAL (no fee)

- Emailed or faxed requests must be paid by credit card. We do not fax or email official transcripts.
- Official transcripts are sent by U.S. mail with a processing time of 1 week.
- Unofficial transcripts do not include the signature of the Registrar or the school seal. If sending to a third party, please verify if an unofficial transcript is acceptable for submission.
- Official transcripts cannot be released if you have financial obligations to the College. All holds must be cleared before an official transcript is sent. You will be notified by mail if your transcript cannot be sent due to a hold.

PLEASE PRINT CLEARLY:

		SCC Student ID/StarID (if known) or SSN#
Name (Last, First, Middle)		Name while enrolled at SCC (if different from current name)
Street Address		Are you currently attending SCC? If no, when did you last attend?
City, State	ZIP	Where did you last attend? <input type="checkbox"/> Faribault <input type="checkbox"/> North Mankato <input type="checkbox"/> MCF Faribault
Signature (must be signed)	Date	Phone Number

I give South Central College permission to release my transcript(s) to the name and address(s) indicated below.

- Check if you would like your transcript sent to address listed above.
 Check if you would like to pick-up transcript in the Advising & Registration Center.
 Check if you would like this processed after the semester grades. Year/Term: Fall Spring Summer
 Check if you would like this processed after your degree is posted.
 Check if you would like your UNOFFICIAL transcript emailed – email address _____

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

Recipient Name/School Name:	Attention:	
Street Address	City, State	ZIP

Second address for 2nd Request: _____ Number of copies: _____

Recipient Name/School Name:	Attention:	
Street Address	City, State	ZIP

METHOD OF PAYMENT: (\$5.00 per official transcript – must accompany transcript request)

CHECK ONE: Check Enclosed Visa Mastercard Cash Enclosed

CARD NUMBER: _____ **EXPIRATION DATE:** ____/____/____

CARDHOLDER'S NAME: _____

CARDHOLDER'S ZIP CODE: _____