

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

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)