

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

Student Signature Required \_\_\_\_\_

Revised 10/21/09

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