



SAMPSON COMMUNITY COLLEGE

VOICE: 910-592-8081

PO BOX 318
CLINTON, NC 28328

Fax: 910-592-8048

Transcript Request Form

Social Security Number: _____ Date of Birth: ____/____/____

First Middle Last Previous or
Maiden Name

Permanent Address: Apt#/Street City State Zip
Code

Are you currently enrolled? Yes No If, no date of last attendance: _____

Are you currently enrolled in Curriculum Courses Yes No

Are you currently enrolled in Continuing Education Courses Yes No

Check all that apply:

Hold for current semester grades.

Hold for student pick up on: ____/____/____

Mail to address (es) below.

Send immediately

Other _____

I hereby authorize SCC to release ____ copies of my transcript to the following address (es)

SEND TO: PRINT CLEARLY SAME ADDRESS AS ABOVE

(1)
Name: _____

Address: _____

(2)
Name: _____

Address: _____

(3)
Name: _____

Address: _____

City, State

(4)
Name: _____

Address: _____

Student Signature: _____ Date: _____