



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

Contact Phone: Home Work E-mail Address

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: _____
City, State, Zip _____

(2)
Name: _____
Address: _____
City, State, Zip _____

(3)
Name: _____
Address: _____
City, State, Zip _____

(4)
Name: _____
Address: _____
City, State, Zip _____

Student Signature: _____ Date: _____