



# SAMPSON COMMUNITY COLLEGE

A member institution of the North Carolina Community College System  
Established 1967

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## TRANSCRIPT REQUEST FORM

STUDENT INFORMATION			
First Name		Date of Birth	
Middle Name			
Last Name		Maiden Name or Suffix	
Student ID#		Last 4 Digits of SSN	

CONTACT INFORMATION			
Street		P.O. Box	
City		State	Zip Code
Phone		Alt. Phone	

ENROLLMENT STATUS			
Are you currently enrolled in Curriculum courses at SCC?	<input type="checkbox"/>	Yes	No
Are you currently enrolled in Continuing Education courses at SCC?	<input type="checkbox"/>	Yes	No
If not currently enrolled, give last date of attendance			

TRANSCRIPT HANDLING			
<input type="checkbox"/>	Hold for Current Semester	<input type="checkbox"/>	Hold for Student Pick Up On:
<input type="checkbox"/>	Mail to Address(es) Below	<input type="checkbox"/>	Send Immediately
<input type="checkbox"/>	Same Address as Above	I hereby authorize SCC to release _____ copies of transcripts	

TRANSCRIPT DESTINATION ADDRESSES					
Name		Name			
Address		Address			
City		City			
State	Zip	State	Zip		

Name		Name			
Address		Address			
City		City			
State	Zip	State	Zip		

I CERTIFY THAT I AM THE INDIVIDUAL REQUESTING THIS TRANSCRIPT AND ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE. *Signature is required for processing*	
Signature	Date

TRANSCRIPT REQUEST PROCESSED (to be completed by Student Services Staff)		
Processed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If request cannot be processed, please explain:		
DATE ENTERED	ENTERED BY	