



Fill in Form, Please click on fields to type in information, then print

**Seward County Community College/Area Technical School**

Office of the Registrar ♦ P.O. BOX 1137 ♦ Liberal, Kansas 67905-1137

620.417.1060 (phone) ♦ 620.417.1079 (fax)

TRANSCRIPT REQUEST

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Name used while attending SCCC

\_\_\_\_\_  
Mailing Address                                      City                                      State                                      ZIP

SCCC Student ID # or Social Security Number: \_\_\_\_\_

(    )                                      -                                      \_\_\_\_\_  
Phone Number                                      Birth Date

- I attended SCCC/ATS \_\_\_\_\_ (Dates)
- I attended Southwest Kansas Technical School \_\_\_\_\_ (Dates)
- I attended Liberal Area Vocational School \_\_\_\_\_ (Dates)

SEND A COPY OF MY SCCC TRANSCRIPT TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND THE COPY

- Immediately
- At end of current semester

\_\_\_\_\_  
Student's Signature                                      Date

**TRANSCRIPTS WILL NOT BE SENT WITHOUT THE \$5.00 PER TRANSCRIPT FEE.  
MAKE CHECKS PAYABLE TO SEWARD COUNTY COMMUNITY COLLEGE**

- 
- I have included a check made out to SCCC for \$5  
Check # \_\_\_\_\_
  - I have included \$5 cash per transcript
  - I would like to have the transcript cost charged to my debit/credit card  
Type of card: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Total amount to be charged: \_\_\_\_\_