

# Seward County Community College

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

## TRANSCRIPT REQUEST

\_\_\_\_\_  
Last Name                                      First Name                                      MI      Name used while attending SCCC (if different)

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

SCCC Student ID # (date of birth if you do not remember your ID number): \_\_\_\_\_

(      )      -      \_\_\_\_\_  
Phone Number

I have included a check made out to SCCC for \$5 per transcript

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: \_\_\_\_\_

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