

Date: \_\_\_\_\_ # of Copies: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**Clearly PRINT your name and address:**

- Beatrice: 4771 W. Scott Rd. • Beatrice, NE 68310 • 800-233-5027 • Fax 402-228-2218
- Lincoln: 8800 O Street • Lincoln, NE 68520 • 800-642-4075 • Fax 402-437-2404
- Milford: 600 State Street • Milford, NE 68405 • 800-933-7223 • Fax 402-761-2324
- Continuing Education: 301 S. 68th St. Place • Lincoln, NE 68510 • 800-828-0072 • Fax 402-437-2703

\_\_\_\_\_  
Student's Name (Last, First, Middle)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Current Phone Number

\_\_\_\_\_  
Former Name(s) Birth Date

\_\_\_\_\_  
Social Security Number or SCC Student ID#

**X** \_\_\_\_\_  
Signature

**Send transcript to: (please print clearly, transcripts will NOT be faxed)**

\_\_\_\_\_  
Name and/or Office

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

### TYPE OF TRANSCRIPT REQUESTED:

- Credit Classes
- Non-Credit Classes

**NOTE: TRANSCRIPTS WILL NOT BE FAXED.**

### DATES OF ATTENDANCE:

- Currently enrolled
- I have a degree from SCC

\_\_\_\_\_ First year attended (approximate)

\_\_\_\_\_ Last year attended (approximate)

- Immediate Transcript — \$5.00 fee
- Send Transcript — 3-5 working days (free of charge)
- Pick up — 3-5 working days (free of charge)
- Send when current term grades are available

No transcript will be issued if the student has financial obligations to the College.

### OFFICE USE ONLY

Transcript prepared by: \_\_\_\_\_

Date transcripts mailed: \_\_\_\_\_