



TRANSCRIPT REQUEST FORM

Schenectady County Community College
Registrar's Office
78 Washington Ave
Schenectady, NY 12305
FAX: (518)381-1493

(Please Print)

Today's Date: _____ **ID# or SS#** _____

Full Name _____ **Former Name(s):** _____

Current Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: () _____ **Email:** _____

Each transcripts cost \$4.00. Payment must be included with your request. Transcript requests will be accepted by fax with a valid credit card number and expiration date. [Click here for payment form.](#)

Please note: Transcripts will not be processed until all outstanding obligations to the College are cleared.

_____ **I authorize SCCC to release my transcript to the address(es) listed.**
Student signature (required)

Indicate the type of transcript requested and the address to which it should be sent. *Attach additional sheets as necessary.*

_____ Official transcript(s) _____ Unofficial transcript(s)

Send to: _____

Please Print _____

_____ Send Now _____ Send after current grades are posted _____ Send after degree is posted

Indicate the type of transcript requested and the address to which it should be sent. *Attach additional sheets as necessary.*

_____ Official transcript(s) _____ Unofficial transcript(s)

Send to Name/College: _____

Address _____

_____ Send Now _____ Send after current grades are posted _____ Send after degree is posted