

SCHENECTADY COUNTY COMMUNITY COLLEGE
Academic Services Office
78 Washington Avenue
Schenectady, New York 12305
518.381.1348; Fax: 518.381.1493

TRANSCRIPT REQUEST FORM

Note: Transcripts will not be processed until all outstanding obligations to the College are cleared.
PLEASE PRINT

Today's date:	Social Security Number:
Full name:	Former name(s):
Current Street Address:	
City:	State: ZIP:
Daytime phone: ()	E-mail:

All transcripts cost \$3.00. 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.](#)

Official transcripts cannot be faxed. Unofficial transcripts can be faxed at a charge of \$6 providing payment is with a valid credit card.

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

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

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

Request #1

Send to: _____
PLEASE _____
PRINT _____

PLEASE PRINT

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

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

Request #2

Send to: _____
PLEASE _____
PRINT _____