# SUFFOLK COUNTY COMMUNITY COLLEGE

## Transcript Request Form

**Rev 09/16**

Last Name _____ First Name _____ MI ____

Note: This request cannot be honored until your obligations (if any) to the College have been met.

Name while attending SCCC _____ Home Campus: ___ A ___ E ___ G

___ Send ASAP
___ Check if transcript is going to a SUNY school
___ Hold for final grades/graduation
___ Hold for Excelsior Program grade

| Print name and address to which transcript is to be sent: | Student's Current Address: |
|---|---|
| Attention: | |
| | |
| | |
| | |
| | Telephone Number: |

Student's Signature: _____ Date: _____

Student ID (or last four of your SSN): _____ Date of Birth (Month/Day): ____ /____

INSTRUCTIONS:

1. Complete one form for each transcript requested.
2. Return completed form(s) to your campus Cashier's Office, where you will pay a $15.00 fee for each transcript requested. If you are currently enrolled, you must present your SCCC ID card in order for your request(s) to be processed. If you are not enrolled, you may use your driver's license.
3. If returning form(s) by mail, you must send a check or money order payable to Suffolk County Community College ($15.00 for each transcript) along with a **photocopy of your driver's license.**
4. Mail to: SUFFOLK COUNTY COMMUNITY COLLEGE, PO BOX 1126, SELDEN NY 11784-0926.