

SUFFOLK COUNTY COMMUNITY COLLEGE

Transcript Request Form

Rev 06/17

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 Hold for final grades/graduation
 Check if transcript is going to a SUNY school Hold for high school grades

Print name and address to which transcript is to be sent: Attention: _____ _____ _____	Student's Current Address: _____ _____ _____ _____ Telephone Number: _____
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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 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 license**.
4. Mail to: SUFFOLK COUNTY COMMUNITY COLLEGE, PO BOX 1126, SELDEN NY 11784-0926.