



**TRANSCRIPT REQUEST**  
**Adult High School and Adult Education only**  
**Seminole Community College**  
**100 Weldon Blvd, Sanford, FL 32773**  
**(407) 328-2025 Fax (407) 328-2029**

**Note:** Transcript will be mailed to recipient via regular 1st-class US mail within 3-7 business days after the order has been received in our office. Please allow up to an additional 10 days for standard U.S. mail delivery. The Registrar's Office is not responsible for an incorrect address provided by you. It is your responsibility to check the address for accuracy.

***Please Print Clearly***

Student Name: \_\_\_\_\_ Former/Maiden Name(s): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Approx. Year(s) of Attendance at SCC: \_\_\_\_\_

Please indicate type of transcript requested (one per request): \_\_\_\_\_ Adult High School \_\_\_\_\_ Adult Education \_\_\_\_\_ ESOL

Please indicate your desired preferences:

\_\_\_\_\_ Quantity (Limit of 4 copies)     Hold for Diploma Statement     Hold for Current Semester Grades  
 Pick Up (Circle Campus Location for Pick Up):    ALT    HEA    OVE    SLM

1. If transcripts are to be picked-up, they will only be released to the person whose name appears on the transcripts. A photo ID will be required. If your transcript is not picked up within 30 days, it will be destroyed.
2. For a Third Party pick-up please indicate the Name of the person that will pick up your transcripts. A photo ID matching the name below will be required.

I authorize the person named below to pick-up my transcripts (Photo ID required).

Name: \_\_\_\_\_

Send by Mail (List below the Name and complete Address of where transcripts are to be sent)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that all financial obligations to SCC must be met before transcripts are released. I further understand SCC must receive all academic documentation before transcripts can be released. I hereby authorize Seminole Community College to release my transcripts to the appropriate parties indicated above.

Signature \_\_\_\_\_ *The Records Office **will not** process unsigned requests.* Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** Entered \_\_\_\_\_ Processed \_\_\_\_\_ On Demand \_\_\_\_\_ Picked Up \_\_\_\_\_  
 Service Indicators: Bus office \_\_\_\_\_ Fin Aid \_\_\_\_\_ Library \_\_\_\_\_ Athletics \_\_\_\_\_ Other \_\_\_\_\_  
**Processed on:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

**SCC Social Security Number Collection Statement**  
 Seminole Community College recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, SCC must collect social security numbers under certain circumstances in order for the College to be able to properly perform its duties and functions as an educational institution and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number, the College provides the following statement regarding the College's collection of social security numbers: SCC collects your Social Security Number only for the following purposes: Identification and verification; Background checks; Billing and payments; Payroll administration; Garnishments; Data collection, reconciliation and tracking; Benefits administration; Tax reporting; State and federal educational and employment reporting; Administration of federally funded financial aid programs; Administration of student services programs; Vendor applications; Independent contractors This Social Security Number Collection Statement has been prepared by Seminole Community College in compliance with Section 119.071(5), Florida Statutes (2007). (January 2008)