Fill in Form, Please click on fields to type in information, then print

Seward County Community College/Area Technical School
Office of the Registrar ◆ P.O. BOX 1137 ◆ Liberal, Kansas 67905-1137
620.417.1060 (phone) ◆ 620.417.1079 (fax)

TRANSCRIPT REQUEST

Last Name | First Name | MI | Name used while attending SCCC

Mailing Address | City | State | ZIP

SCCC Student ID # or Social Security Number: _____

( ) -
Phone Number

SEND A COPY OF MY SCCC TRANSCRIPT TO:

_____
_____
_____
_____

SEND THE COPY
☐ Immediately
☐ At end of current semester

_____ _____
Student's Signature Date

TRANSCRIPTS WILL NOT BE SENT WITHOUT THE $5.00 PER TRANSCRIPT FEE.
MAKE CHECKS PAYABLE TO SEWARD COUNTY COMMUNITY COLLEGE

☐ I have included a check made out to SCCC for $5

Check # _____

☐ I have included $5 cash per transcript

☐ I would like to have the transcript cost charged to my debit/credit card

Type of card: _____

Card #: _____

Expiration date: _____

Total amount to be charged: _____