

OFFICIAL TRANSCRIPT REQUEST FORM

Please **READ** the important information below before completing the form

Official Transcripts Information:

- \$3.00 per copy using this form • Processed within 2 working days
- No email or faxed requests accepted • No email or faxed delivery option
- Electronic process & delivery available by **ordering online: stcc.edu/transcripts**

Fill in all sections and sign this form to prevent any processing delays.

STUDENT ID # or SSN		
LAST NAME		
LAST NAME WHEN YOU ATTENDED STCC (if different)		
FIRST NAME		
HOME ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE		
EMAIL ADDRESS		
<input type="checkbox"/> Mail out	<input type="checkbox"/> Pick up	
_____ # Copies	_____ # Copies	

\$ Make check or money order payable to STCC \$
In-person requests are paid for at the Student Financial Services Office. Accepted forms of payments are:
cash • check • money order • debit/credit

APPROXIMATE YEARS OF ATTENDANCE
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> To <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <p>(ex. 1979 to 2021)</p>

<input type="checkbox"/>	Hold processing for current term final grades
If you check this box, your transcript will not be processed until the final grades for the current term have been posted. Please allow 2 weeks after term has ended to process your transcript request.	

<input type="checkbox"/>	I am a GRADUATING SENIOR at end of term
If you check this box, your transcript will not be processed until your degree or certificate has been posted. Please allow 3 weeks after term has ended to process your transcript request.	

Transcript Mailing Addresses: You may complete up to 2 mailing addressees per form

Must supply a correct and complete mailing address for proper delivery

NAME of PERSON, INSTITUTION or AGENCY		
DEPARTMENT or INDIVIDUAL (If required)		
STREET ADDRESS		
CITY	STATE	ZIP CODE

NAME of PERSON, INSTITUTION or AGENCY		
DEPARTMENT or INDIVIDUAL (If required)		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Student's Signature: _____
Student's signature required to process request

← **Unsigned requests will not be processed!**

Date of Request: _____ (Today's date)

THIS AREA IS FOR OFFICE USE ONLY			
Payment		<input type="checkbox"/>	Registrar's Office
Receipt Number	Student Financial Services		
		P/PU	Date Processed