



Scottsdale Community College Transcript Request

Name: _____ Student ID/SS# _____

Birthdate: _____ Official Unofficial

Phone #: _____

Email Address: _____

Current Address: _____

Destination Information:

To (school): (28 spaces max) _____

Attention: _____

Street: _____

City, St., Zip Code _____

By signing this document I am requesting that Scottsdale Community College send my transcripts to the above address, and accept any expenses charged by SCC, for each request.

Signature

Date

Credit Card #

____ - ____ - ____ - ____

expires __ / __

Name on card (if different than requestor's)

*Official transcript requests require payment, \$5.00 per copy, at time of request.

Fax to 480-423-6200 or Mail to: SCC Transcripts
Admissions and Records
9000 E Chaparral Rd
Scottsdale, AZ 85256-2626

If you have any questions please call the Admissions/Records office at 480-423-6100.