

# SCS Transcript Request Form

Notes: Final official transcripts are not issued until all outstanding accounts are paid and after graduation.

## Request Transcript For:

Full Name: \_\_\_\_\_  
 Last Name                       Given Name                       Middle Name

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Status:</b>	<input type="checkbox"/> <b>Current Student</b> Current Grade: _____	<input type="checkbox"/> <b>Graduate/Alumni</b> Year Graduated: _____ Year left SCS: _____
----------------	--	----------------	---	--

**Unofficial:** (check one)

I will pick it up from SCS Guidance Counselor after 24 hours.

**Mail to:** \_\_\_\_\_

**Official:** *Up to 4 per form allowed. Please allow 14 working days to process.*

I will pick it up from the SCS Registrar when it is available. (It must remain sealed until delivery or the recipient may deem it as an unofficial transcript)

Please mail it to the university or scholarship institution(s) listed below:

<b>1.</b>	<b>Name of Institution:</b> <b>Name of Person or Department:</b> <b>Mailing Address:</b> (Street, City, State, Country, Zip Code)
<b>2.</b>	<b>Name of Institution:</b> <b>Name of Person or Department:</b> <b>Mailing Address:</b> (Street, City, State, Country, Zip Code)
<b>3.</b>	<b>Name of Institution:</b> <b>Name of Person or Department:</b> <b>Mailing Address:</b> (Street, City, State, Country, Zip Code)
<b>4.</b>	<b>Name of Institution:</b> <b>Name of Person or Department:</b> <b>Mailing Address:</b> (Street, City, State, Country, Zip Code)

I authorize the release of my transcript to the person/institution(s) listed above.

Student Signature	Date
Parent/Guardian Signature	Date

**FOR OFFICE USE ONLY:**

Circle One: Mailed or Picked-up on: Date \_\_\_\_\_ Completed by: \_\_\_\_\_ Paid: Yes No