



South Central Career Center
407 W. Thornburgh Street
West Plains, MO 65775
Telephone: 417-256-6152 / Fax: 417-256-5786

REQUEST FOR ADULT PROGRAM TRANSCRIPT

*Notice: The first transcript will be no charge to the student. Each additional request will require a fee of \$10.00.
This transcript request is for **adult** SCCC students. If you attended as a high school student contact your high school counselor.*

I authorize a copy of my transcript to be sent to:

Name (school, employer, or self): _____

Attention: _____

Address: _____

Phone: _____

Fax: _____

Name while attending: _____ Date of Birth: _____

Course Name: _____

Years of Attendance: **Start Date:** _____ **End Date:** _____

My Current Contact Information is:

Name: _____

Email: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Signature: _____

Date: _____