



Salem Community College Transcript Request

Date of Request: _____

Current Name: _____

Name While Attending SCC (if different from above): _____

SCC ID # or Last 4 digits of Social Security Number: _____ Date of Birth: _____

Contact Information

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

____ I agree that SCC **may** update its records with the address and contact information provided above.

Degree/Enrollment Information

Currently Enrolled: _____ Not Currently Enrolled: _____ Last Term Attended: _____

Please list any degrees and/or certificates you received as well as the year in which each was awarded:

Degree/Certificate Title	Month/Year
_____	_____
_____	_____

Processing Option

(Processing Time: 3 – 5 business days)

Send Transcript Now: _____ Hold Transcript for Current Term Grades: _____ (term/year)

Hold Transcript for Degree Awarded Statement: _____ (degree/certificate)

Send _____ Transcripts to the following Address:
(Complete Address Required)

Send _____ Transcripts to the following Address:
(Complete Address Required)

I, _____, authorize release of my transcript.
Signature

Please make Checks Payable to: Salem Community College

Please mail request with **\$9.00 per transcript** to:
Salem Community College Transcript Request c/o Student Accounts
460 Hollywood Avenue
Carneys Point, NJ 08069