



4601 Mid Rivers Mall Drive
Cottleville, MO 63376-2865
Phone (636) 922-8235 • Fax (636) 922-8236

TRANSCRIPT & ENROLLMENT VERIFICATION REQUEST FORM

NAME: Last First MI Student ID #/ SSN#

NAME AS STUDENT: (If different from above) TODAY'S DATE:

SIGNATURE: PHONE:

COMPLETE ONE FORM FOR EACH REQUEST

I hereby authorize SCC to release the following information:

- Enrollment Verifications Letter - No. of Copies
Complete attached verification form
Tuition Breakdown - Term
TRANSCRIPT (Please select one of the following)
Official SCC Transcript in a sealed envelope mailed to the address below
Official SCC Transcript in a sealed envelope to be picked up
Unofficial Transcript - Issued to Student
If requesting transcript, please select one of the following:
Check one: Send now Hold for current grades Hold until degree is posted
Circle one: FA1, FA; SP1, SP; SU MAR, MAY, AUG, DEC
St. Mary's College Transcript
Other

Please mail above request to: PLEASE PRINT (Give complete address)

Name (Company/School if applicable)

ADMISSIONS/REGISTRAR/Other (List Dept. Name)

(Circle One)

Street Address

City State Zip

I will pick up requested information. Requests will take a minimum of two working days after receipt by the Registrar's Office. Additional time may be required at the beginning and end of the semester. PHOTO ID REQUIRED.

ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE FULFILLED BEFORE INFORMATION WILL BE RELEASED.

IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, REQUESTS FOR RELEASE OF INFORMATION MUST BE COMPLETED BY THE STUDENT.

Business Office Approval: Date Initials OD