



TRANSCRIPT RELEASE FORM

I. STUDENT INFORMATION

PRINT FULL NAME _____
(Last) (First) (Middle) (Maiden)

STUDENT NUMBER _____ BIRTHDATE _____

ADDRESS _____

City State Zip PHONE _____
Area Code Number

EMAIL ADDRESS _____

II. ATTENDANCE

Dates of Attendance _____

Campus Attended:

- _____ Martin Campus (Main)
- _____ C.A. Fredd Campus
- _____ Technical Campus (15th Street)
- _____ Fire College
- _____ Online

III. SPECIAL INSTRUCTIONS

Total number of copies requested _____

- _____ Mail Now
- _____ Will Pick up
- _____ Hold for Current Semester Grades
- _____ Hold for Transcript Adjustment (Course Forgiveness, Bankruptcy, etc.)

IV. MAIL TRANSCRIPT TO NAME AND ADDRESS BELOW

If transcripts are to be sent to more than one address, please list names and addresses of recipients on a separate sheet and attach to this form.

I hereby authorize and request Shelton State Community College to release my official transcript to those listed above.

Student's Signature

Date

For Office Use Only:	
Enrollment Services Staff	Date Processed