TRANSCRIPT REQUEST FORM

Please mail this request form directly to the registrar of each college you have previously attended. If you have not attended other colleges, please send this form to the high school from which you graduated. Retain a copy of this request and your check or money order as proof of your transcript request(s).

Official transcripts must be mailed directly from the high school or college. High school transcripts can also be faxed from the high school to 205.391.3910.

Registrar: Please forward an official copy of my transcript to the following address:

Shelton State Community College
Attn: Enrollment Services
Box 190
9500 Old Greensboro Road
Tuscaloosa, AL 35405

Name: ____________________________________________________________

Address: __________________________________________________________

Street                      City                      State                      Zip

Name under which enrolled (if different from above): ________________________________

Student Number: _________________ Dates of attendance and/or graduation: __________

Signature: _________________________________ Date: _____________________________

It is the responsibility of the student to determine and pay any transcript fees required by a previous high school or college.