



Southern Union

STATE COMMUNITY COLLEGE
WADLEY, AL 36276
256-395-2211

TRANSCRIPT REQUEST FORM

			Student Number/ Social Security Number	
Student Name			List all previous names	
Street address				
City			Date of Birth	Currently Enrolled ___yes ___no
State	Zip Code	Phone:	Cell:	

Student's Signature

Date

This authorizes the release of my Southern Union State Community College Transcript to:

- Mail Now
- Hold for current grades

Please Mail _____Number of Copies		Please Fax To:	
Name of College			
Street Address			
City	State	Zip Code	

THIS SPACE FOR REGISTRAR'S OFFICE ONLY

- We cannot release you transcript(s) due to the following hold on your account:
 - Incomplete Student Record File
 - Financial Obligation
 - Please contact the Business Office (ext 5112 or 5113)
 - Please contact the Financial Aid Office (ext 5162)
 - Please contact the Library (ext 5130)
- Your file can not be located under names given. Please include additional information in previous names section.
- Once all obligations are fulfilled please resubmit this transcript request.**

Transcript processed on _____ by _____

Submit your transcript request form by one of the following methods:

Bring in person to the Records Office/ Student Services
Mail to: P.O. Box 1000, Wadley, AL 36276
Or 1701 Lafayette Parkway, Opelika, AL 36801