SUFFOLK COUNTY COMMUNITY COLLEGE Transcript Request Form

				Rev 06/17
Last Name	First Name	1	MI	Note: This request cannot be honored until your obligations (if any) to the College have been met.
Name while attending SCCC				Home Campus: A E G
Send ASAP Check if transcript is going to	a SUNY school	Hold for final g Hold for high s		
Print name and address to which Attention:	transcript is to be sent:	tudent's Current /	Addr	ess:
	elephone Numbe	r:		
Student's Signature:			D	ate:
Student ID (or last four of your SS	N):		D	Pate of Birth (Month/Day):/
enrolled, you must present your license.	ir campus Cashier's Office, where you SCCC ID card in order for your requirements send a check or money order p	est(s) to be processe	ed. If y	each transcript requested. If you are currently you are not enrolled, you may use your driver Community College (\$15.00 for each transcript)

4. Mail to: SUFFOLK COUNTY COMMUNITY COLLEGE, PO BOX 1126, SELDEN NY 11784-0926.