

# TRANSCRIPT REQUEST

**FEE \$3.00      One Transcript per form.**

For Office Use

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

## Choose One:

### Transcript Pick-Up:

- Mon     Tues     Wed  
 Thurs     Fri

### Transcript Mailed:

- Send **ASAP**
- Send after **CURRENT SEMESTER GRADES** are posted
- Send after my **DEGREE** is posted

Payment of **\$3.00** per transcript is required prior for the release of all transcripts (including transcripts sent electronically via eSCRIPT-SAFE:). **Payment must accompany each request.** A transcript cannot be released until all financial obligations to the college have been cleared. **Telephone requests are not accepted.**

**Please mail my transcript to:**  
(Provide a complete mailing address)

College / Agency / Other \_\_\_\_\_

Number / Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Send form to:

Shawnee Community College  
Admissions/Records  
8364 Shawnee College Rd  
Ullin IL 62992

Check/Money Order enclosed  
amount: \_\_\_\_\_

To pay by credit card request at:  
[www.getmytranscript.org](http://www.getmytranscript.org)

**I hereby give my consent to have my credit card charged for my transcript(s) and /or for the release of my transcript(s) to the address(es) on this form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_