



Student Information



Office of Admissions and Advisement
8364 Shawnee College Road
Ullin, IL 62992-9725
618-634-3200 or 800-481-2242
www.shawneecc.edu

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize Shawnee Community College to request a copy of my high school transcript for admission and registration purposes. I understand that all information will remain confidential in my permanent student record.

Signature: _____ Date: _____

COUNSELOR PLEASE FORWARD AN OFFICIAL HIGH SCHOOL TRANSCRIPT TO:

**Admissions and Advisement | Shawnee Community College
8364 Shawnee College Road | Ullin, IL 62992-9752**

(Please make sure graduation date is on the student's transcript)

**PLEASE ATTACH THIS FORM
TO THE TRANSCRIPT**

PRINT PLAINLY

Name: _____ Maiden/Former Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Present Address: _____

Name of High School or GED Test Site: _____

Address: _____

Graduation Date: _____

SHAWNEE COMMUNITY COLLEGE

STUDENT INFORMATION

SCC ID Number _____

(Office Use Only)

Please use black or blue ink.

All students who wish to enroll at Shawnee Community College must submit the following information:

- A. Official transcript(s) from the high school(s) attended.
- B. Official transcript(s) from other colleges or universities attended.
- C. An assessment test is required for all new full-time students. A composite score of 21 or above on the Enhanced ACT exempts the assessment requirement.
- D. All Associate of Arts & Associate of Science students are subject to the Provisional Admission Standards.

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____

Name (Last) _____ (First) _____ (Middle) _____ (Maiden) _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____ (County) _____

E-mail Address: _____

Phone (_____) _____ Birth Date ____/____/____ Male Female

Marital Status: Single Married Divorced Widowed Separated

Emergency Contact: _____ (_____) _____
Name Phone Number

HIGH SCHOOL INFORMATION

High School Last Attended: _____ Graduation Date: _____

Did you have an IEP-Individualized Educational Plan: Yes ____ No ____

Still Attending: Yes ____ No ____

If still attending, Escrow Application must be attached

Did you earn a GED: Yes ____ No ____ GED Date: _____

ETHNIC BACKGROUND

Yes No

1. Are you Hispanic or Latino

2. Are you in the United States on a Visa—a non-resident alien?

Country of Origin _____

Are you from one or more of the following groups: (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- White
- Choose not to respond

Please identify your primary racial/ethnic group: (select one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- White
- Choose not to respond

