



# Shawnee Community College

## Transcript Request

Fee - \$5.00 One transcript per form

-----  
Student Identification Number

-----  
Social Security Number

-----  
Name

-----  
Address

-----  
City

-----  
State

-----  
Zip

-----  
Home/Cell Phone

### CHOOSE ONE:

#### Transcript Pick Up:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday  
\_\_\_\_ Thursday \_\_\_\_ Friday

#### Transcript Mailed:

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

Payment of **\$5.00** per transcript is required prior for the release of all transcripts (including transcripts sent electronically via **ESCRIP-T-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 transcripts 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 Road  
Ullin, Illinois 62992

Check/Money Order Enclosed  
Amount \_\_\_\_\_

Credit/Debit Card Information

Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC # \_\_\_\_\_

**I HEREBY GIVE MY CONSENT TO HAVE MY CREDIT/DEBIT CARD CHARGED FOR MY TRANSCRIPT(S) AND/OR FOR THE RELEASE OF MY TRANSCRIPT(S) TO THE ADDRESS(ES) ON THIS FORM.**

-----  
Signature

-----  
Date