



FOR OFFICE USE ONLY
Processed by: _____
Date: _____

**CURRICULUM TRANSCRIPT REQUEST**

Office of Student Development  
 630 S. Main Street, Dobson, NC 27017  
 Phone: 336-386-3595 Fax: 336-386-3690

CURRENT LAST NAME	FIRST NAME	MIDDLE	MAIDEN
STUDENT ID# OR SSN	DATE OF BIRTH	FULL NAME WHILE ENROLLED (if different than above)	
TODAY'S DATE	APPROXIMATE DATES OF ATTENDANCE		CURRENT PHONE NUMBER
DEGREE RECEIVED FROM SURRY?	DATE DEGREE WAS RECEIVED	TYPE OF DEGREE RECEIVED	
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			

**Transcripts will not be released if there are unpaid obligations to the college.**

TYPES OF TRANSCRIPTS	NUMBER OF TRANSCRIPTS REQUESTED?
Official - Most often required by other educational institutions. This is a signed and sealed copy. (\$3.00 per copy)	_____ Number of Official
Unofficial - Copy issued to student or faxed. Not signed or sealed (Free)	_____ Number of Unofficial

**Please allow 5 business days for processing. This does not include time required for mailing, so please plan accordingly.**

WHEN WOULD YOU LIKE THE TRANSCRIPT(S) PROCESSED?		
<input type="checkbox"/> Send Now	<input type="checkbox"/> Hold until semester grades are posted for	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
		<input type="checkbox"/> Hold until degree is posted at the end of this semester

HOW WOULD YOU LIKE THE TRANSCRIPT(S) SENT? (Check all that apply)	
<input type="checkbox"/> Please allow the following person to pick-up the requested transcript(s) from the Student Development Office: <b>(This person must show photo ID)</b> _____ Signature and date of person receiving the transcript: _____	<input type="checkbox"/> Please mail my transcript(s) to the following address(es): Address 1: _____ _____ _____ _____ Address 2: _____ _____ _____ _____
<input type="checkbox"/> Please fax my unofficial transcript to the following: Name: _____ Company: _____ Fax #: _____	

**In accordance with the Family Educational Rights and Privacy Act of 1974,  
 I hereby grant permission to release a copy of my transcript as indicated above.**

\_\_\_\_\_  
 Signature Date

Official Transcripts are \$3.00 per copy. Transcripts will not be printed until payment has been made through our Business Office.  
 Payment can be made by cash, check, money order, credit card, or debit card. Please submit payment promptly.  
 For your convenience, we accept Visa and MasterCard payments. Make checks payable to Surry Community College.

Checks must bear the name, address, telephone number, and driver's license number of the check passer.  
 Credit card payments can be made by calling 336-386-3208 (or 336-386-3201 after 4:00pm) or by submitting credit card information below.

Card Type       MasterCard Credit       MasterCard Debit       Visa Credit       Visa Debit

Print name on credit card \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_  
 Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature of cardholder \_\_\_\_\_ Total Amount \_\_\_\_\_