

TRANSCRIPT REQUEST FORM

Transcripts will NOT be faxed or emailed. Transcripts mailed directly to the student will be marked "Issued to Student". For more information please visit southeast.edu/requestatranscript. Completed form should be submitted to the Registration & Records Office in person or by FAX at 402-437-2670. To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload link.

	DATES OF ATTENDANCE:
Date: # of Copies:	Currently enrolled I have a degree from SCC First year attended (approximate)
Clearly PRINT your name & address: Check if New Address	Last year attended (approximate
Student's Last Name	☐ Immediate Transcript
First NameMiddle Name	☐ In-person (Photo ID Required) — \$5 processing fee
Address	☐ Overnight— Minimum \$50 fee
CityStateZip	Send Transcript— 3-5 working days— Free of charge
Current Phone Number Email Address	☐ Pick up (Photo ID Required) — 3-5 working days — Free of charge
Former Last Name(s)	Send when current term grades are available
Date of Birth	A transcript may be held if certain financial obligations exist.
Social Security Numberor SCC Student ID#	REGISTRATION OFFICE ONLY
Signature	Date
Written or digital signature required. Typed signatures (including cursive fonts) will not be accepted.	Data Entry
Send transcript to:	
(Please print clearly. Transcripts will NOT be faxed or emailed.)	
Name and/or Office	
Address	
City State Zip	