



Transcript Request Form

Fill out all required information, sign and date it. Mail or fax it to Southeastern College, to the Registrar's attention. Contact the Bursar's office for payment.

I, _____, SS# _____ - _____ - _____

Address _____

City, State, Zip _____

Request that a copy of my transcript be sent to the following address:

I understand that there will be a \$25.00 processing fee if an official transcript has previously been issued.

Accompany this transcript request with a check or money order for \$25.00 made payable to Southeastern College. If records indicate that no transcripts have been previously requested, the check or money order will be returned to you.

As it is the desire of Southeastern College to serve its active and alumni student body, we also have the responsibility to insure/verify accuracy of all file data. Therefore, before such data is released a file audit is required. All transcripts will be forthcoming in a timely manner to best serve the student/College and all other entities. Your patience and understanding is appreciated.

Signature

Date

Registrar

Date