



UNOFFICIAL TRANSCRIPT REQUEST FORM

Student Signature

Date of Request

Student Name: _____

Email: _____

Former Name: _____

Date of Birth: _____

Phone #: _____

Did you graduate? Yes No

Student ID# or last 4 digits of SSN: _____

Dates of Attendance _____ to _____

Transcript to be released to student via (select one):

- Fax— _____
- Email— _____
- Mail— _____

The form may be submitted to the Registrar's Office via one of the following:

Email: registrar@shc.edu

Fax: 251-460-2192

Mail: 4000 Dauphin Street, Mobile, Alabama 36608

Transcripts issued to students MUST be stamped UNOFFICIAL and will NOT be released to a third party without the student's written permission.

*****Office use only*****

Processed by: _____

Date: _____