



# 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:

**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:** \_\_\_\_\_