



**SOUTHERN
CRESCENT**
TECHNICAL COLLEGE

Office of the Registrar
Griffin Campus
501 Varsity Road
Griffin, GA 30223
Office: 770-228-7362

Office of the Registrar
Flint River Campus
1533 Highway 19 South
Thomaston, GA 30286-4752
Office: 706-646-6382

TRANSCRIPT RELEASE AUTHORIZATION

- This release form authorizes the release of your transcript on this date.
- Transcript Release includes social security number, address, grades and academic standing.
- Transcripts will not be released if there is a financial hold on your record.

Transcript fee: \$7.50 per transcript. Please pay at SCTC Business Office.

Name: _____ Student ID/SS#: _____ - _____ - _____

Name on School Record: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Date Last Attended _____ Program _____

Signature _____ Date _____

REQUEST INFORMATION

I am requesting _____ copies of my transcript.

Transcript should be issued to the following: (Person/School/Organization/Other)

As set forth in full in the Student Handbook/Course Catalog, Southern Crescent Technical College is an Equal Opportunity Institution and does not discriminate on the basis of race, color, national origin, sex, age or disability.

Business Office Use Only

Amount Paid: \$ _____
Receipt #: _____
Date: _____

Student Affairs Office Use Only

ID Checked: []
Date Processed: _____
Processed by: _____