

SOUTH MOUNTAIN COMMUNITY COLLEGE

ACADEMIC TRANSCRIPT REQUEST FORM

Student's Full Name: _____
(Last) (First) (Middle)

Maiden or Previous Names Used: _____

Date of Birth: _____ Daytime Phone Number: _____

SMCC ID Number: _____ or SSN: _____

1. Are you requesting an unofficial transcript or official transcript? (Please check the appropriate box below.)
 Unofficial Transcript Official Transcript No. of transcripts requested _____
2. Please specify the address to which you wish the transcript to be mailed. (If you are requesting transcripts to be sent to more than one address, please submit multiple forms.)

Institution: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Note: There is a **\$5 fee** for **each official transcript** requested. If you are requesting the official transcript to be sent to another community college within the Maricopa Community College District, the \$5 fee will be waived.

Payment Method: Check Money Order Credit Card

You may **mail** this form with your payment to our office at:
South Mountain Community College
Attn: Registration & Records
7050 S. 24th St
Phoenix AZ 85042

You may also **fax** this form to 602-243-8199 or **email** it to admissions@southmountaincc.edu

You may contact us by phone at 602-305-5759 to verify receipt, and make your **credit card** payment with our Cashier's/Business Service office by calling 602-305-5627.

Your official transcript(s) will be sent via U.S. mail within 5-7 business days after fee and request have been received.

Note: Transcripts will not be issued for a student with outstanding debts to *any* of the Maricopa Colleges.