

TRANSCRIPT RELEASE FORM

Southwest MS Community College

Admissions & Records
1156 College Drive
Summit, MS 39666

Phone: (601) 276-2001

Fax: (601) 276-3888

REQUEST/CONSENT TO DISCLOSE INFORMATION

NAME: _____ OTHER NAMES: _____

SOCIAL SECURITY #: _____ ID #: _____

LAST YEAR OF ATTENDANCE: _____

CALLBACK # IN CASE WE ARE UNABLE TO PROCESS YOUR REQUEST: _____

Please check type of transcript:

Student Copy (for your personal records or for someone on the SMCC campus)
_____ # of copies

Official Copy (for another institution)
_____ # of copies

Please check a response:

I wish to pick up the transcript(s).

Please send the transcript(s) to the below address(es):

<input type="checkbox"/> Mail immediately <input type="checkbox"/> Hold until present term is completed
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Name of Institution: _____

Attn./Dept.: _____

Address: _____

Address continued: _____

City, State, Zip: _____

Name of Institution: _____

Attn./Dept.: _____

Address: _____

Address continued: _____

City, State, Zip: _____

Signature: _____ Date: _____

Please be advised requests will not be honored until your account is clear of all holds. If you submit a request and have a hold, you have to clear the hold and resubmit your request. We will not keep your request until the hold is clear.