

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: _____

(Important 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

Please either **mail** this form with your payment to our office at South Mountain Community College, Attn: Registration & Records 7050 S. 24th St, Phoenix AZ 85042 or you can **fax** this form to 602-243-8199 and make your payment in person or online through your student center at www.my.maricopa.edu.

Your official transcript(s) will be sent via U.S. mail within 5-7 business days once the transcript fee has been paid.

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

Federal law requires transcript requests **MUST** be made in writing and be signed by the student.