

Transcripts will NOT be faxed or emailed. Transcripts mailed directly to the student will be marked **"Issued to Student"**. For more information please visit www.southeast.edu/requestatranscript. Email this completed form to registration@southeast.edu or Fax to 402-437-2402.

Date: _____ # of Copies: _____
(Limit of 5 copies)

Clearly PRINT your name & address: Check if New Address

Student's Last Name _____

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Current Phone Number _____

Email Address _____

Former Name(s) _____

Date of Birth _____

Social Security Number _____ or SCC Student ID# _____

Signature _____

Send transcript to:

(Please print clearly. Transcripts will NOT be faxed or emailed.)

Name and/or Office _____

Address _____

City _____ State _____ Zip _____

Beatrice Registration
4771 W. Scott Rd.
Beatrice, NE 68310
800-233-5027 • Fax 402-228-8935

Lincoln Registration
8800 O St.
Lincoln, NE 68520
800-642-4075 • Fax 402-437-2402

Milford Registration
600 State St.
Milford, NE 68405
800-933-7223 • Fax 402-761-2324

Continuing Ed. Registration
301 S. 68th St. Place
Lincoln, NE 68510
800-828-0072 • Fax 402-437-2703

TYPE OF TRANSCRIPT REQUESTED:

Credit Classes Non-Credit Classes

DATES OF ATTENDANCE:

Currently enrolled
 I have a degree from SCC
 _____ First year attended (approximate)
 _____ Last year attended (approximate)

Immediate Transcript
 \$5 processing fee. Overnight shipping available. Additional charges will apply.

Student Accounts Signature

Send Transcript — 3-5 working days (free of charge)

Pick up — 3-5 working days (free of charge)

Send when current term grades are available

No transcript will be issued if the student has financial obligations to the College.

REGISTRATION OFFICE ONLY

Transcript prepared by: _____ Date transcripts mailed: _____