



SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records
PO Box 734, Boaz, AL 35957
Phone 256.593.5120 • Fax 256.593.7180



TRANSCRIPT REQUEST FORM

_____ Full Name _____ Name while attending Snead (if different):

_____ Current Address _____ City _____ State _____ ZIP

_____ S Number or SSN _____ Date of Birth (MM/DD/YYYY) _____ Phone Number

Currently enrolled? Yes No If no, date of last attendance (term/year) _____/_____

_____ Number of transcripts to be processed and check the appropriate lines below:

_____ Mail immediately _____ Student copy received in office
_____ Mail at the end of current term when grades are processed

I authorize the release of a transcript of my academic record to (address must be complete if mailing):

Name of School/Organization: _____

Address: _____

Student's Signature _____ Date _____

Transcript requests may be mailed to the following address:
Or faxed to: 256-593-7180

Office of Student Services
Snead State Community College
P.O. Box 734
Boaz, Alabama 35957

Important information to review:

Official transcripts are not issued to the student, only to the institution, official, or agency listed on the request. Unofficial transcripts may be obtained by accessing the College website at www.snead.edu. Telephone requests are not honored. Transcript requests will not be honored for any student who has outstanding academic or financial obligations in any of the administrative office of the College.