

# Information Release/Request

**Office of the Registrar** Please Print

**All official and unofficial transcript/documents requests will be processed within 72 hours of the date received in the Registrar's Office.**

Student's Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_  
Street/PO Box City

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Other Names Used \_\_\_\_\_ Last Enrollment Date \_\_\_\_\_

**I would like to request \_\_\_\_\_ official copies of my MSCC transcript/documents to be sent to the address(es) below:**

Mail \_\_\_\_\_ transcript(s) to: \_\_\_\_\_

Mail \_\_\_\_\_ transcript(s) to: \_\_\_\_\_

Please hold this request and process/mail the transcript(s)/documents after final semester grades are posted.

## Signature Required for Release

I (the undersigned) hereby authorize MSCC to release the documents requested and to request transcripts from transferring institutions for statistical purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Processed by \_\_\_\_\_

Date \_\_\_\_\_

**Enclose \$5 per Transcript/Documents Requested**

**Mid-South**  
Community College

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