



Northwest-Shoals Community College

HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST FORM

Please return this form with the transcript.

Date: _____ 20____

To: Student Records Office

Please circle the below address of the NW-SCC campus to send one (1) transcript of your scholastic record to:

Northwest-Shoals Community College
Shoals Campus
P.O. Box 2545
Muscle Shoals, AL 35662

Northwest-Shoals Community College
Phil Campbell Campus
2080 College Road
Phil Campbell, AL 35581

For purposes of identification:

I last attended your school _____ 19____/20____
Quarter / Semester / Month

Please circle one: I did graduate I did not graduate

Date of Birth: _____

Student Identification Number: _____

Name under which information is recorded: _____

If there is any charge for the transcript, please bill me at the address below:

Name _____

Address _____
Street City State Zip

Signature _____

Shoals Campus
P.O. Box 2545
Muscle Shoals, AL 35662
Phone: (256) 331-5200
Fax: (256) 331-5222

nwscc.edu



A Member of the Alabama Community College System

Phil Campbell Campus
2080 College Road
Phil Campbell, AL 35581
Phone: (256) 331-6200
Fax: (256) 331-6272