Estrella Mountain Community College Admissions & Records 3000 North Dysart Road Avondale, AZ 85392 (623) 935-8888 (option 1) (623) 935-8848 (fax)



OFFICIAL TRANSCRIPT REQUEST FORM

Complete all sections below

SouthWest Skill Center Transcript Request

*Only available for students who attended SWSC until 2017

OFFICIAL TRANSCR	IPTS - Embossed with Coll	ege Seal on official բ	paper - \$5.00 Fee per cop	y applies.	
Number of copies requ	uested X \$5.00	per copy = \$	(total fee)		
UNOFFICIAL TRANS	CRIPTS - Available immedia	tely from your Studen	nt Center		
Instructions: Please complete the	ne form with payment inform	ation and return to EM	ICC A&R by fax at (623) 9	935-8848, by mail at	
the address above, or online via	the general upload link here	https://go.estrellamou	ıntain.edu/ar-document-up	oload-form	
	* We <u>DO NOT</u> acce _l	ot requests via email	I		
Student Information					
Student Name:			Student ID #:		
Last 4 digits of Social Security #:	Date	of Birth:/	/ Phone #:	 	
Address:		City:	State:	Zip:	
Transcript Destination:					
Institution:		Attn:			
Address:		City:	State:	Zip:	
I understand federal law requires issued for students with any outs Student Signature:	standing debts to any of the I	•	Date:	scripts <u>will not</u> be	
Payment Information for Offici	al Requests (Payments can als	so be made over the phon	ne by calling 623-935-8888, op:	ion 2)	
Circle One: VISA	MasterCard	Discover	American Expres	S	
Credit Card #:		Security	y Code on back of card: _		
Expiration Date:/	Cardholder Name as it app	ears on card:			
Cardholder Signature:					