



Immunization Transcript Request

Mail, FAX or bring completed form with payment to:

Mail Health Services – SCCC,
112 College Road, Loch Sheldrake, NY 12759-5151 **FAX** 1-845-434-3628
Phone 1-845-434-5750 Ext. 4247

Allow at least 5 business days for processing. During busy periods it may take slightly longer.
Transcripts are not sent if records are impounded.

Student Information - Please PRINT

Name: _____
First Middle Initial Last

If attended SCCCC with a different name, provide name: _____

Street/Apartment: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business/Cell Phone: _____ Date of Birth: _____

Order Information

_____ at \$10 each. Total payment \$_____ Last 4 digits of Social Security #: _____
of transcripts

Signature: _____ Date: _____

___ Mail to self - address above ___ Fax to # below

___ Mail to address(s) listed below

1. Name of Institution: _____

Office or
Contact Person: _____

Street: _____

City: _____ State: _____ ZIP: _____

Fax #: _____

Payment Method

Payments are to be made at the Student Billing Office either, by cash, check,

Money order or pay by phone.

Office Use Only

Received by: _____

Date Received: _____

Fee Paid: \$ _____

Date Mailed: _____