

State Community College (SCC) or Metropolitan Community College  
(MCC) Transcript Request Form

Mail request to:

**John A. Logan College**

Room C201

700 Logan College Road

Carterville, Illinois 62918

**Attn: Deanne Gabel, Admissions Specialist II**

Failure to provide all information may delay processing

(Please allow 3 weeks for processing)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number (last four digits only): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Names Used (Maiden Name, if applicable): \_\_\_\_\_

Did you attend MCC?  Yes  No

Did you attend SCC?  Yes  No

List dates of attendance \_\_\_\_\_

List dates of attendance \_\_\_\_\_

PLEASE MAIL TRANSCRIPT(S) to:

1. \_\_\_\_\_

2. \_\_\_\_\_

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