

TRANSCRIPT REQUEST FORM



Office of the Registrar
580 East Main Street
Spartanburg, SC 29302
864-596-9094/Fax 864-596-9202

Office use only

Date received:

Date issued:

The average processing time for a transcript is 7-10 days.

Transcript Fee is \$5.00 per transcript, whether mailed or faxed. (NON-REFUNDABLE).

Transcripts **will not be issued** for persons whose financial obligations have not been satisfied.

Social Security Number

Date of Birth

Last

First

Middle/Maiden

Please list ALL previous surnames:

Current mailing address:

Home Telephone number (+area code)

Entrance Date:

Date of last enrollment:

Email Address:

Have been previously enrolled as:

Undergraduate

Graduate

Transcript to be processed (check one):

At end of _____ term

Hold for posting of degree at end _____ term

AS Soon As Possible

MAIL /FAX TRANSCRIPT(S) TO: (faxed transcripts are not considered official)

Transcript #1:

Transcript #2:

Reason: Graduate School Re-Certification Transferring Schools Scholarship Summer School Other

Signature

Date

Payment enclosed: Check# _____ Cash Visa Discover MasterCard Am Ex Money Order

Credit Card Number: - - -

Expiration Date: _____ 3 Digit Security Code located on the back _____