

# TRANSCRIPT REQUEST



Date of Request \_\_\_\_\_

Mail Transcript to the following address:  
(Please print complete mailing address clearly  
to be used in window envelope)

OFFICE OF THE REGISTRAR  
POST OFFICE BOX 8104 + 300 COLLEGE STREET, NORTHEAST  
ORANGEBURG, SC 29117-0001 + (803) 536-7185 + FAX: (803) 536-8602

**Please Print Legibly.**

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**Fill out one request form for  
each address to which you are  
sending transcripts**

**First Term Entered SCSU** \_\_\_\_\_ **Term/Yr.** **Level:** \_\_\_\_\_ **Undergraduate** \_\_\_\_\_ **Graduate**  
Currently enroll at SCSU  YES  NO **New Student in current term**  YES  NO  
If NO, Date last enrolled \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # or Campus Wide ID \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Other Last Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Number of Copies \_\_\_\_\_ **\$3.00 Fee Required For Each Copy and \$5.00 fee to fax.**

Purpose for transcript:

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Transferring to another School<br>Name of School _____ | <input type="checkbox"/> Certification   | <input type="checkbox"/> Employment  | <input type="checkbox"/> Organizational<br>Membership |
| <input type="checkbox"/> Military   | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other _____                  |

Transcripts should be:

- |  |   |
|--|---|
| <input type="checkbox"/> Sent Now  | <input type="checkbox"/> Held until incomplete grade cleared and posted _____<br>Course Prefix & Number |
| <input type="checkbox"/> Held for this term's grades   | <input type="checkbox"/> Held until grade change processed<br>Course Prefix & Number                    |
| <input type="checkbox"/> Held for statement of degree? If yes,<br>Other _____<br>when do you plan to graduate<br>_____ | <input type="checkbox"/> _____  |
| Expected Graduation Date _____   | Student's Signature _____   |

Date Sent \_\_\_\_\_

Cashier \_\_\_\_\_ Date \_\_\_\_\_

Receipt Number \_\_\_\_\_