



Request for Official Transcript

Complete this form and send it to the college/university you are requesting an official transcript.

Name of Institution: _____ Date: _____

Please send an official copy of my academic record to:

**College of Graduate & Professional Studies
Attn: Graduate Admissions
South Carolina State University
Box 7098 – 300 College Street, NE
Orangeburg, SC 29117 – 0001**

STUDENT INFORMATION

1. NAME WHILE ENROLLED: _____

2. SOCIAL SECURITY NUMBER: _____

3. DATE OF BIRTH: _____
Month Day Year

4. DEGREE EARNED AND DATE OF GRADUATION or LAST DATE OF ATTENDANCE

a. Degree Earned: _____

b. Graduation Year: _____

c. Last Attended: _____

5. CURRENT ADDRESS:

City

State

Zip Code

If there is a fee or additional information required, please bill me or notify me at the above address. It is important that the transcript be sent as soon as possible. Thank you!

Signature: _____ Telephone: _____

Email Address: _____