PAPER TRANSCRIPT REQUEST

ONLY STUDENTS THAT ATTENDED THE UNIVERSITY BETWEEN 1896 AND 1984 MUST COMPLETE THIS FORM. ONLINE PROCESSING IS NOT AVAILABLE FOR THESE RECORDS

Date of Request____________
Mail Transcript to the following address:

Please Print Legibly.

First Term Entered SCSU___________________ Term/Yr. Level: _____ Undergraduate _____ Graduate

Currently enroll at SCSU □ 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 __________ $15.00 Fee Required which includes undergraduate and graduate academic record

Purpose for transcript:

□ Transferring to another School □ Certification □ Employment □ Organizational Membership

□ Military □ Graduate School □ Scholarship □ Other ________

Transcripts should be:

□ Sent Now

□ Other ___________________________

Student’s Signature__________________________

Date Sent__________________________________

Effective immediately, SC State University does not accept faxed transcript requests – all requests must be in writing with appropriate identification (Current student identification, driver’s license, Department of Motor Vehicles or military identification card) accompanying request. Effective August 17, 2012, the university will no longer accept personal checks for payment. The approved forms of payment for services or fees are cash, cashier’s check, official bank check, money order or credit/debit cards (Visa, American Express, Master Card)

Cashier____________________ Date_________

Receipt Number___________________________

Revised 11/18/2013