

# Transcript Request Form

## ⇒ Step 1: Identify Yourself

\_\_\_\_\_  
Last name First name MI Name Attended Under, if applicable

\_\_\_\_\_  
Social Security No. or Student ID ( ) Area Code Phone Number Email address

\_\_\_\_\_  
Street Address City State Zip

Please check as appropriate:  Undergraduate student  Pharmacy student  Both

Currently enrolled:  Yes  No If no, last date of attendance: \_\_\_\_\_

## ⇒ Step 2: Provide Important Information

When should the transcript be sent?  Issued now  Held for current term grades  Held for degree

How would you like the transcript delivered?  Mail  Fax (unofficial only)  Email (unofficial only)  
*Official PDF copies must be requested online*

What is the purpose of the transcript?  Employment  Graduate School  Transferring to: \_\_\_\_\_  
 Scholarship  Summer School  Other: \_\_\_\_\_

## ⇒ Step 3: Provide Delivery Information - transcripts are \$10.00 per copy (cash or check only)

**Limit six (6) transcripts per request**

Number of copies _____ Charge _____
<input type="checkbox"/> Unofficial <input type="checkbox"/> Official
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Fax: ( ) _____

Number of copies _____ Charge _____
<input type="checkbox"/> Unofficial <input type="checkbox"/> Official
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Fax: ( ) _____

Number of copies _____ Charge _____
<input type="checkbox"/> Unofficial <input type="checkbox"/> Official
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Fax: ( ) _____

## ⇒ Final Step: Authorize Request

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for the release of my academic record as indicated on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Transcripts of the student's record will not be furnished until all financial obligations to the College have been satisfied.

**Mail to : Presbyterian College, Registrar's Office, 503 South Broad St., Clinton SC 29325**

Registrar/Cashier Use Only: Payment Amount Received \_\_\_\_\_ Type of Payment \_\_\_\_\_ Date Processed \_\_\_\_\_