



Office of Enrollment Management  
 45 Courtenay Drive  
 MSC 203  
 Charleston, SC 29425-2030  
 Tel: 843-792-2536  
 Fax: 843-792-6356

# TRANSCRIPT REQUEST FORM

## Student Information (Please Print Clearly)

Full Name (Last, First, Middle)	Colleague ID, PVID or Last 4 of SSN	Date of Request (mm/dd/yy)
Address		
City	State	Zip Code
Email Address	Daytime Phone Number	Date of Birth (mm/dd/yy)
Full Name While Enrolled (if different)	MUSC College Attended	Dates of Attendance

### Transcript Request Policies:

1. Requests with incomplete information and/or insufficient payment will NOT be processed.
2. The \$20.00 fee does not apply to currently enrolled students. All other fees are applicable.
3. Eligibility for free transcripts ends upon graduation, withdrawal, or during periods of non-enrollment. There is a limit of 10 transcripts per request with degree posted when ordered prior to graduation.
4. Transcripts requested by anyone except the student will not be honored without the student's prior written authorization.
5. All transcripts are sent via first class mail only. Faxes are sent to US numbers only. All other arrangements must be made and paid for by the student.
6. Transcripts issued directly to the student are stamped "Issued to the Student"
7. Hand carried official transcripts and their envelopes are stamped "Unofficial if Seal is Broken"
8. \*Expedited Service requests must be made before 2pm. Service not available during the month of May.

### Transcript Order

<input type="checkbox"/> Official Transcript	_____copy(s)	\$20.00 each
<input type="checkbox"/> Unofficial Transcript	_____copy(s)	\$20.00 each
<input type="checkbox"/> Unofficial Faxed Transcript	_____copy(s)	\$24.00 each

### Processing Time (select one)

*This does not include postal delivery time.*

<input type="checkbox"/> Standard Service—3 business days	..... NO FEE
<input type="checkbox"/> Expedited Service—Same Day. (Walk Ins Only)*	..... \$10.00

### Delivery Method (select one)

<input type="checkbox"/> In-Person Pickup	..... NO FEE
<input type="checkbox"/> U.S. first class mail	..... NO FEE

### Hold Order (select one, if applicable)

<input type="checkbox"/> Hold order for current semester grades to be posted
<input type="checkbox"/> Hold order for posting of the degree

### Payment (select one)

### Total Amount Due

<input type="checkbox"/> I am a currently enrolled student	..... No Fee
<input type="checkbox"/> Credit Card (Visa, MC, AMEX, Discover accepted)	\$ _____

Name as it appears on card

Account Number

Expiration Date

### Student Signature Required (Do Not Print)

I authorize release of my transcript as directed on this form.

**X**

Date (mm/dd/yyyy)

### Send Transcript To: (Please Print Clearly)

Name		
Institution		
Street Address		
City	State	Zip Code

### Fax To: (Please Print Clearly)

Name
Fax Number

### MUSC OFFICE USE ONLY

Date Processed	Processed By	Amount Billed
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