



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 outstanding obligations must be cleared BEFORE any transcript can be released.
6. 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.
7. Transcripts issued directly to the student are stamped "Issued to the Student"
8. Hand carried official transcripts and their envelopes are stamped "Unofficial if Seal is Broken"
9. *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"/> Cash or Check \$ _____
<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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