

## Transcript Request Form

Please send this form to colleges and universities previously attended

TO: Registrar  
\_\_\_\_\_  
(Name of School)

FROM: \_\_\_\_\_  
(Name of Student) PLEASE PRINT

SUBJECT: Transcript Request

Please send an official transcript to: College of Charleston  
Office of Admissions  
Attn: Transcripts  
66 George St  
Charleston, SC 29424-0001

### Student Information:

Social Security Number \_\_\_\_\_

Name While Enrolled \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Area Code and Phone Number \_\_\_\_\_

\*If there is a fee, please bill me or notify me at the above address or phone number. It is important that the transcript be sent as soon as possible. Thank you.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_