



Req# \_\_\_\_\_

**OFFICIAL TRANSCRIPT REQUEST FORM**  
*(PLEASE PRINT OR TYPE CLEARLY TO AVOID DELAYS)*

**Return completed form to:** USC Office of the University Registrar, Columbia SC 29208-0001 or Fax to (803) 777-6349

**Location and Hours:** 3<sup>rd</sup> Floor, Petigru College, 1521 Greene Street. Monday – Friday 8:30am – 5:00pm (EST).

- Transcripts are **\$8.00** (eight) per copy. This fee is **NON-REFUNDABLE**.
- Only complete USC transcripts will be issued and will include all USC campuses.
- USC **does not** issue unofficial transcripts.
- Transcripts **will not be** issued for persons with an outstanding balance or unfulfilled obligation to USC.
- USC **does not fax** transcripts. Please allow two to three business days for processing of this request.
- Once this request has been processed, it **cannot be** canceled or changed.

Student ID Number (Last four digits)     Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Other Names Used At USC \_\_\_\_\_ Enrolled From \_\_\_\_\_ to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (outside US) \_\_\_\_\_

**Reason for Transcript:** Personal  Transfer  Employment  Prof/Graduate School Application  Other

**Payment Enclosed:**  Check/Money Order (Payable to USC)  Visa/Mastercard/AMEX **(REQUIRED FOR FAXED REQUESTS)**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

(I certify that I am the above individual requesting my USC transcript)

<p><b>Check <u>ONLY ONE</u> box below</b></p> <p><input type="checkbox"/> Mail <b>Now</b> – although some grades and/or degree <i>may not</i> be posted (current students check VIP for final grades or degree)</p> <p><input type="checkbox"/> Mail <b>After Grades</b> are posted for:  <input type="checkbox"/> Spring <input type="checkbox"/> May/Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall  Year _____</p> <p><input type="checkbox"/> Mail <b>After Degree</b> posted for: <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> December  Year _____  <i>May take up to 30 days to post after ceremony</i></p> <p><input type="checkbox"/> Mail <b>After Correspondence Course</b>/Title: _____</p>	<p><b>Complete Name &amp; Address to Mail Transcript(s)</b></p> <p><b>Number of Copies</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> *Special Mail Services: _____  Contact our office before submitting request</p>
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**NOTE:** \*Contact our office for special pre-paid mailing service requirements (Federal Express, Express Mail, etc).  
\*\*CONTACT OUR OFFICE PRIOR TO FAXING A SECOND COPY OF THIS REQUEST TO AVOID DUPLICATE CHARGES.