



# College Transcript Request Form

**DIRECTIONS:**  
Complete the first  
section of this form  
and send it to the  
college you attended.

University of South Carolina Aiken  
Admissions Office  
471 University Parkway,  
Aiken, South Carolina 29801  
Telephone (803) 641-3366

Name(*print*) \_\_\_\_\_  
(*Legal Last Name*) (Legal First Name) (Middle) (Maiden)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

I attended \_\_\_\_\_  
(*Name of College*)

between \_\_\_\_\_, 19/20 \_\_\_\_\_, and \_\_\_\_\_, 19/20 \_\_\_\_\_

Student Signature \_\_\_\_\_

Please send an **OFFICIAL TRANSCRIPT** to the USC Aiken address above.  
Please answer the questions below regarding my status at your institution.

## REGISTRAR'S QUESTIONS

Is this student eligible to return to your institution at the next enrollment period?  Yes  No

If No, at what date would your institution consider an application from this student?

\_\_\_\_\_, 20\_\_\_\_\_.

Is this student presently enrolled?  Yes  No

College or University \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

Signature (Academic Dean or Registrar) \_\_\_\_\_