

**TRANSCRIPT REQUEST
DIVISION OF ENROLLMENT MANAGEMENT
ORANGEBURG-CALHOUN TECHNICAL COLLEGE
3250 ST MATTHEWS RD NE
ORANGEBURG SC 29118
FAX: (803) 535-1368**

*****IF FAXING, PLEASE CONTACT RECORDS AT (803) 535-1220 TO MAKE SURE THE REQUEST WAS RECEIVED PRIOR TO MAKING A PAYMENT ONLINE.**

Date: _____ Official _____ Student _____
No. of Copies: _____ **\$5.00 Per Copy**
Cost: _____
Amount Received: _____ Date Processed: _____
Amount Due: _____ By: _____

ALL TRANSCRIPT REQUESTS MUST BE IN STUDENT'S HANDWRITING
NO TELEPHONE REQUESTS

**TRANSCRIPTS ARE PROCESSED ON THE FOLLOWING DAYS AND TIMES:
MONDAYS AND WEDNESDAYS AT 8:00 A.M.**

ALL TRANSCRIPT REQUESTS MUST BE SUBMITTED AND PAID AT LEAST A DAY PRIOR TO PROCESSING

STUDENT INFORMATION

LAST DATE OF ATTENDANCE _____ ENROLLED BEFORE 1987 ___ YES ___ NO
SOCIAL SECURITY NUMBER _____ CURRENTLY ENROLLED ___ YES ___ NO
DATE OF BIRTH _____ DID YOU GRADUATE ___ YES ___ NO
CURRICULUM ENROLLED _____ TRANSCRIPT SENT ___ NOW ___ END
OF SEMESTER/TERM

**IF YOU PLAN TO PICK UP THE TRANSCRIPT PLEASE WRITE PICK UP IN THE BLANKS PROVIDED OR
WRITE THE NAME AND ADDRESS OF PERSON OR SCHOOL TO RECEIVE TRANSCRIPT
(PLEASE PRINT CLEARLY)**

STUDENT'S NAME _____
LAST NAME FIRST NAME MIDDLE OR MAIDEN LAST NAME WHILE
ENROLLED IF DIFFERENT
FROM CURRENT NAME

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

**THIS SIGNATURE AUTHORIZES THE RELEASE OF MY TRANSCRIPT TO BE FORWARDED AS
REQUESTED. I ACCEPT FULL RESPONSIBILITY FOR ANY CHARGES.**

SIGNATURE _____ DATE _____