

REQUEST FOR TRANSCRIPT

REGISTRAR:

PLEASE ATTACH THIS COMPLETED FORM TO THE TRANSCRIPT TO BE MAILED TO SOUTH CAROLINA DEPARTMENT OF EDUCATION. PLEASE DESIGNATE GRADUATE CREDIT BY "GR" AND INDICATE THE LEVEL OF DIRECTED TEACHING.

Name of Institution _____ Address _____

****Please Print****

Please send to the Office of Teacher Certification, State Department of Education, 1600 Gervais Street, Columbia, SC 29201, an official transcript of all my credits on file in your office.

I attended your institution from _____ to _____ and received the _____ degree.

I have () summer school credits for the years _____, _____, _____, _____, _____
() extension or correspondence credits for the years _____, _____, _____, _____, _____
() regular session credits above degree for the years _____, _____, _____, _____, _____

**Personal information
is protected by the
Confidentiality Policy
contained within the
S.C. Freedom of
Information Act.**

Current Name _____ (Please Print) 1. Have you ever held a South Carolina teacher's certificate? _____
Maiden Name _____ (if married) 2. If so, please give certificate number. _____
Address _____ 3. If not, have you applied for a certificate? _____
Date of Birth _____
Social Security No. _____ Signature _____
