

OFFICIAL TRANSCRIPT REQUEST

PO Box 118067 | RG-M
 Charleston, SC 29423-8067
 PHONE 843.574.6129 | FAX 843.574.6503



Receipt Date & Initials

THIS FORM IS FOR CASH AND CHECK PAYMENTS ONLY.**(CREDIT CARD PAYMENTS ARE ACCEPTED ONLINE. GO TO: http://www.tridenttech.edu/Registrar_2421.htm.)****STUDENT INFORMATION** (Please print)

Student ID _____ Date of Birth _____

Student's Name _____
Last First MI

Name while Enrolled _____

Current Address _____
Street City State Zip

Phone Number _____ Email Address _____

Do you want this information updated with the College? Yes NoStudent Signature _____ Date of Request _____
(Required by Law)**ORDER INFORMATION****Did you attend prior to 1985?** Yes No **Did you graduate?** Yes No If yes, what year? _____If you completed Continuing Education coursework,
 would you like for this transcript to be included in your request? Yes No

There is a \$5 fee per copy. Please allow 3-5 business days for your request to be processed. Unofficial transcripts are available through TTC Express. The Registrar's office does not fax or email transcripts.

Number of Transcripts Requested _____

Check One (Pick-Up or Mail To): Student Pick Up:

If you are unable to pick up transcript for yourself, indicate who is authorized to pick up the transcript(s).

Name _____ Date of Birth _____
(Photo ID is required when picking up.) Mail To:

Name/School/Organization _____

Street Address _____

City _____ State _____ Zip _____

Check One (If this section is left blank, the transcript will be processed upon receipt of the request.): Send transcripts now. Hold for current semester grades. Hold for conferring of degree.**FOR OFFICE USE ONLY**

Business Office Use

UGX _____ CE _____ Archived _____

Hold _____ Released _____

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