

# MEDICAL UNIVERSITY OF SOUTH CAROLINA

Office of Enrollment Management

41 Bee Street • MSC 203 • Charleston, SC 29425-2030

Tel: (843) 792-5396 • Fax: (843) 792-3764

# TRANSCRIPT REQUEST

DATE OF REQUEST (mm/dd/yyyy)

SOCIAL SECURITY NUMBER (nnn-nnn-nnnn)

CHECK IF CURRENTLY ENROLLED:

Full-Time       Part-Time

### CHECK AS APPLICABLE:

	Number of Copies Requested		Fee
	Official	Unofficial	
<input type="checkbox"/> Send immediately	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> FAX immediately (fee for fax transmission is \$4.00 per transcript request)	<input type="text"/>	<input type="text"/>	<input type="text"/>

FAX number \_\_\_\_\_

Student will pick up

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hold for:

Fall Grades       Spring Grades  
 Summer Grades       Posting of Degree  
 Other: \_\_\_\_\_

**EXPEDITED (SAME DAY) SERVICE**  
 Available only for walk-in requestors for an additional \$10 per transcript fee. Requests for expedited transcripts must be made before 2:00 p.m. and will be available for pick-up at 4:00 p.m. on the same day. Service not available for the month of May.

Total copies and fees

**Make payment by credit card**  
 (Visa, Mastercard, American Express or Discover only)

\_\_\_\_\_  
 Name as it appears on credit card

\_\_\_\_\_  
 Account number

\_\_\_\_\_  
 Expiration date

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**STUDENT SIGN HERE**

Name & Address PLEASE PRINT CLEARLY

Name _____		
Address _____		
City _____	State _____	Zip Code _____
Name while enrolled (if different) _____		
Email address _____	Daytime phone number _____	

Date of Birth \_\_\_\_\_

MUSC College Attended \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

I authorize the release of my academic records to the individual/institution named below:

\_\_\_\_\_  
 Student Signature (Do NOT print!)

**SEND TRANSCRIPT TO**

Name & Address PLEASE PRINT CLEARLY

Name _____		
Institution _____		
Street Address _____		
City _____	State _____	Zip Code _____

### TRANSCRIPT REQUEST POLICIES:

- 1** There is a \$10.00 fee (make check payable to MUSC) for each transcript requested. FEE DOES NOT APPLY TO CURRENTLY ENROLLED STUDENTS. Everyone add \$4.00 if transcript is to be sent by facsimile.
- 2** Eligibility for charge-free transcripts ends with graduation, withdrawal, or during periods of non-enrollment. There is a limit of 10 transcripts per request with degree posted when ordered prior to graduation.
- 3** Transcripts requested by anyone except the student will not be honored without the student's prior WRITTEN AUTHORIZATION.
- 4** All outstanding obligations must be cleared BEFORE any transcript can be released.
- 5** All transcripts are sent via first class mail only. All other delivery arrangements must be made and paid for by the student.
- 6** Handcarried official transcripts and their envelopes are stamped "UNOFFICIAL IF SEAL IS BROKEN."
- 7** Transcripts issued directly to the student are stamped "ISSUED TO STUDENT."

**FOR MUSC OFFICE USE ONLY**

Date Sent \_\_\_\_\_

Transcript Fees Due \_\_\_\_\_

Special Handling Amount \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**TOTAL AMOUNT PAID** \_\_\_\_\_