

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Office of Enrollment Services

41 Bee Street • P.O.Box 250203 • Charleston, SC 29425-0203

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 _____

<input type="checkbox"/> Student will pick up	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hold for:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 or Discover only)

Name as it appears on credit card

Account number

Expiration date

FOR MUSC OFFICE USE ONLY

Date Sent _____

Transcript Fees Due _____

Special Handling Amount _____

Other _____

TOTAL AMOUNT DUE _____

TOTAL AMOUNT PAID _____

Name & Address PLEASE PRINT CLEARLY

STUDENT

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:

SIGN HERE

Student Signature (Do NOT print!)

Name & Address PLEASE PRINT CLEARLY

SEND TRANSCRIPT TO

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 20 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."