



**For Office Use Only:**

Student Holds  Yes  No

Explanation \_\_\_\_\_

## Transcript Request

- Transcripts will **NOT** be furnished to any student or alumnus whose financial obligations to the University are not satisfied.
- No transcripts will be released to/for anyone except the student, unless appropriately requested in writing by the student.
- Transcripts are **NOT** available the same day as requested. Allow two to four business days for requests to be filled.
- Once issued, transcripts will not be revalidated.
- Transcripts can be notarized upon request. A fee of \$10.00 **per copy** must be paid in addition to the transcript fee.
- Clemson University does not fax or email transcripts.
- Transcripts must be paid for upon request.
- Transcripts for pick up are shredded after 60 days.
- Once processed, transcript requests cannot be altered or cancelled.

SS#:    -   -     **OR** Clemson ID#:  C

Today's Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Please Print) (Last) (First) (Middle) Former name(s), maiden, previous marriage, etc. if applicable

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you currently enrolled?  Yes  No Dates of enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_

**STUDENT'S SIGNATURE (*REQUIRED BY LAW*):** \_\_\_\_\_

<p>I would like my transcript (check one):</p> <p><input type="checkbox"/> Sent now</p> <p><input type="checkbox"/> Picked up (photo ID required)</p> <p><input type="checkbox"/> Held for current semester grades</p> <p><input type="checkbox"/> Held until degree is conferred</p>	<p>Other information: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Please notarize my transcript (additional \$10 <b>per copy</b> charge).</p>
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**Transcripts are \$12 each.** Total transcripts requested: \_\_\_\_\_

Method of Payment:  Check or money order payable to Clemson University. Check number: \_\_\_\_\_  
 Debit or Credit Card (In office requests only.)

Mail \_\_\_\_\_ Transcript(s) To : (Write any additional addresses on page two of this form.)

Name/School/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Mail Request To:  
 Transcript Office  
 104 Sikes Hall  
 Clemson, SC 29634-5125  
 (864) 656-2173 OFFICE

FOR OFFICE USE ONLY			
COUNTER	BY	DATE ENTERED	DATE SENT

Legal Name: \_\_\_\_\_  
(Please Print) (Last) (First) (Middle) Former name(s), maiden, previous marriage, etc. if applicable

SS#:  -  -  **OR** Clemson ID#:  C

Mail \_\_\_\_\_ Transcript(s) To:  
Name/School/Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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