



CLAFLIN UNIVERSITY OFFICE OF ENROLLMENT MANAGEMENT TRANSCRIPT REQUEST FORM

Mail or Fax completed form to:
 Attention: Office of Enrollment
 Management
 400 Magnolia Street
 Orangeburg, SC 29115
 Fax No.: 803-535-5387
 Cashier's phone# 803-535-5432

NOTE: PROCESSED IN 72 HOUR TIME (No Exception)

Please READ carefully before you complete your Transcript Request:

- You **MUST** complete all fields with asterisk (*) for transcript request to be processed.
- You **MUST** sign and date this form in order for us to process the request.
- You **MUST** provide the **Amount Paid** and **Receipt Number** (given by cashiers when you transcript fee).
- The cost per transcript for an **UNOFFICIAL** student copy is **\$5.00**.
- The cost of an **OFFICIAL** transcript in a sealed envelope or mailed is **\$5.00**.
- All Students must be cleared of any financial obligation to the university before a transcript can be released.

PLEASE COMPLETE THIS FORM IN UPPER CASE

Student Information:

* Student ID Number:		* Social Security Number:	
Student's Name: <i>(name used when enrolled at Claflin University)</i>			
* Last:	* First:	* MI:	

Current Mailing Address:

* Street:	* City:	* State:	* Zip:
* Day time phone number:		* Email address:	

*** University Information:**

<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> Not Currently Enrolled	<input type="checkbox"/> Graduated
Dates Attended: _____ to _____		Year Graduated: _____

Payment Information:

* Amount Paid: \$ _____	* Receipt number: _____
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*** Number of Transcripts Requested**

*** Transcript(s) will be**

Official:	<input type="checkbox"/> Picked up
Student Copy:	<input type="checkbox"/> Mailed

*** Where to send the transcript** *(Name of the school, business, or person to receive the transcript)*

Name of school, business, or person:			
Street:	City:	State:	Zip:

Name of school, business, or person:			
Street:	City:	State:	Zip:

* Student Name (Please Print):

** Student Signature:	** Date:
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