

# CLEMSON UNIVERSITY

## TRANSCRIPT REQUEST

✓ Please Read Carefully    ✓ Please Print Clearly    ✓ All Blanks Must Be Completed    ✓ No Partial Transcripts

- Transcripts will **NOT** be furnished for 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 one to three business days for requests to be filled.
- Transcripts will generally be available for pick-up at 12:00 P.M. on the next business day.
- Rank is **NOT** included on transcript unless requested (applies to undergraduate degree only).
- We do not issue or reproduce transcripts from other institutions. Requests for transcripts of work taken at other institutions must be directed to the institution concerned.
- Once issued, transcripts will not be revalidated.
- Clemson University does not fax transcripts.
- Transcripts must be paid for upon request; if request is faxed, a credit card **MUST** be provided as payment.

Today's Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS #:       -    -        

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

Local Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Method of Payment:  Cash     Check (payable to Clemson University)     Tiger Stripe \_\_\_\_\_

Credit Card:  Visa     MasterCard     Discover     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I would like my transcript: (check one)     Sent Now     Picked Up (Photo ID Required)

Hold my transcript(s) until grades/degree is posted at the end of the term.

Grades \_\_\_\_\_  Degree: \_\_\_\_\_

Other information: \_\_\_\_\_

**Student's Signature:** (required by law) \_\_\_\_\_ Date: \_\_\_\_\_

Transcripts are \$10 each. How many transcripts do you want? \_\_\_\_\_

Mail Transcript To: \_\_\_\_\_ For additional addresses, use page 2.

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

Street Address: \_\_\_\_\_

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

**PLEASE MAIL REQUEST TO:**  
 TRANSCRIPT OFFICE  
 104 SIKES HALL  
 CLEMSON SC 29634-5125  
 (864) 656-2185 OFFICE  
 (864) 656-0622 FAX

FOR OFFICIAL 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 #: --

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