TRANSCRIPT REQUEST FORM

Columbia College
— established 1854 —

My present name: _____ _____ _____
First Middle Last

Name on record at your institution: _____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___

My current address: _____

_____ ___ ___ ___ ___ ___
City State Zip Code

Attendance Dates at Your Institution: (If attendance was interrupted, list both dates of attendance.)

_____ _____ to _____ _____ _____ _____ to _____ _____
Month Year Month Year Month Year Month Year

Please send transcript to cover all dates of attendance.

Check all that apply before submitting your transcript request to the institution you attended.

_____ Columbia College requires course descriptions for all courses listed on my transcript because the courses were taken prior to the fall of 1997.

_____ Columbia College requires course descriptions because this institution is not located in Georgia, North Carolina, South Carolina, or Virginia.

Please mail my official transcript to:

Columbia College
Office of Admissions
1301 Columbia College Drive
Columbia, SC 29203

_____ _____
Signature **Date**