Columbia College

Transcript Request

Please allow at least 48 hours for transcript processing. Only current students may request "unofficial" transcripts. All delinquent accounts with the business office must be cleared prior to requesting transcripts. Please print clearly.

Name: _____
First Middle Last

Name while enrolled: _____
First Middle Last

Date of Birth : _____ **Attendance Dates:** _____
Month Day Year

Columbia College ID #: _____ **OR** **Last four digits of SS#:** _____

Current Address: _____ _____ _____ _____
Street City State Zip

Phone Number: _____ **Email:** _____

I request that _____ **official copy (ies) of my transcript be sent to:**

Institution/Company: _____ **Attention:** _____

Address: _____ _____ _____ _____
Street City State Zip

I request that _____ **official copy (ies) of my transcript be sent to:**

Institution/Company: _____ **Attention:** _____

Address: _____ _____ _____ _____
Street City State Zip

If transcripts are to be sent to more than 2 addresses, please complete an additional form.

Please check all that apply:

_____ **Graduate Program** _____ **Undergraduate Women's College** _____ **Undergraduate Evening College**

_____ **Mail as soon as possible** _____ **Hold for current semester grades** _____ **Hold for degree**

Signature (Required): _____ **Date:** _____

Please return this form to the Office of the Registrar via one of the following methods:
Fax: 803.786.3771
Email: registrar@columbiasc.edu
Mail: Office of the Registrar, Columbia College, 1301 Columbia College Drive, Columbia, SC 29203