Office of the Registrar, Erskine College

Phone: 864-379-8774

Email: registrar@erskine.edu

P.O. Box 338 Due West, SC 29639 FAX: (864) 379-6696

TRANSCRIPT REQUEST (Please print clearly.)

Name:					
Last	First		Middle	Maiden/Previous	
Last four digits of SS#	Date of Birth:			Years attended:	
Present mailing address:					
City/State:				Zip:	
Telephone: En		mail Address: _			
I authorize Erskine College to forward my transcript to the institution(s), employer(s), or individual(s) named below.					
Signature:				Date:	
() Send transcripts now () Will pick up () Send after grades for the current semester COPIES (TOTAL NO COPIES O (F	NOTE: TRANSCRIPTS ARE NOT ISSUED FOR INDIVIDUALS WITH FINANCIAL OBLIGATIONS TO ERSKINE COLLEGE.	
SEND TRANSCRIPTS TO: (Please print-include name, full address including zip code.)					
1. Number of copies			2. Number of copies		
Name			Name		
Address			Address		
at.			GI.		
City			City		
State/Zip Deadling Date (if any)			State/Zip Deadline Date (if any)		
Deadline Date (if any) Deadline Date (if any)					
3. Number of copies			4. Number of copies:		
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State/Zip			State/Zip		
Deadline Date (if any)			Deadline Date (if any)		
There is a charge of \$10.00 for each transcript. *Credit card payments for transcripts must be submitted electronically at www.erskine.edu/epay. You must include a copy of the receipt showing payment has been made. Requests will not be processed without payment. Payment Method:					
[] Cash/Check [] Credit Card* - American Express, Discover Card, Visa, or MasterCard					

Requests are processed within 72 hours of receipt. Please be aware that a hold on your account will prevent the release of your transcript. If there is a hold on your account, you will be contacted via the email address listed on this form.