



TRANSCRIPT REQUEST FORM

There is a Transcript Fee of \$15.00 per copy. Transcripts will not be issued for individuals who owe a financial obligation to TCL. If paying by check or money order, mail the request form to TCL, Cashier's Office, P.O. Box 1288, Beaufort, SC 29901. If paying by credit card, complete the payment section below and FAX to 855-825-3291.

Last Name First Name Middle Name

Other Names used when enrolled (example - Maiden name)

Date of Birth Last Year of Attendance

Student ID Number Telephone Number

- I will pick up transcript(s). (Photo ID Required)
I authorize to pick up my transcript (Photo ID will be required)
I am requesting transcripts to be mailed - complete below
I am requesting transcripts to be sent electronically.

- Send Transcript(s) NOW
Hold for FINAL GRADES
Hold for DEGREE TO BE POSTED

Number of Transcripts Requested X \$15.00 per copy = Total Amount Due \$

Student Signature Date

SEND TRANSCRIPT(S) TO:

1. Name of College or Other Recipient

Street

City State Zip

Attention

If transcript is to be sent electronically, provide email address

2. Name of College or Other Recipient

Street

City State Zip

Attention

If transcript is to be sent electronically, provide email address

Credit Card Payment Only

I authorize the Technical College of the Lowcountry to deduct from my credit card.

Name of Card Holder Credit Card Type

Credit Card # CVV Code Expiration Date

Address Zip

Signature Date

STUDENT RECORDS OFFICE ONLY

Date Processed

Initials

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