

**SPARTANBURG METHODIST COLLEGE
TRANSCRIPT REQUEST FORM**

Return completed form to SMC Office of the Registrar, 1000 Powell Mill Rd., Spartanburg, SC 29301 or Fax to 864-587-4355

*Please complete one form per request. A \$5.00 fee is required for each request.
We accept cash, credit or debit card or money order.*

Student Name: _____
(Your complete name while a student)

Present Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

S.S. Number/ Student ID: _____

CHECK WHERE APPROPRIATE

- () Currently Enrolled () Dual Enrollment (w/ HS)
- () Not Currently Enrolled - Dates Attended _____
- () Send Transcript Now () Hold Until End of Term
- () Official (Sealed) () Unofficial (Student Copy)

SEND TO:

NAME OF COLLEGE, UNIVERSITY, EMPLOYER, ETC:

Name/Department: _____

Address: _____

City, State, Zip: _____

VIA US MAIL: ____ **VIA FAX:** ____ fax # _____

HAND DELIVERED: ____ **note – a fax may not be official**
(a mailed and faxed copy are \$5.00 each)

Signature: _____ **Date:** _____

Transcript Release Policy: A transcript will only be released with the signed consent of the student.

<p>Complete for Credit/Debit Card Payment: **PRINT CLEARLY**</p> <p>() Visa () MasterCard () Discover</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p> <p>Security Code: _____</p>

<p><u>For Registrar's Use</u></p> <p>Date Processed: _____</p> <p>Payment Amount: _____</p> <p>Cash__ CC__ Debit__ MO__</p>
