

**MORRIS COLLEGE
OFFICE OF ADMISSIONS AND RECORDS
SUMTER, SOUTH CAROLINA 29150**

Request for Transcript Form

Instructions: (1) Print firmly completing all items on this form. (2) Pay the **TRANSCRIPT FEE** of **\$4.00** per copy to the Financial Services Office and allow 3 days for clearance and processing. (3) Return or submit both the receipt for payment and this request form to the Office of Admissions and Records. Use a separate form for each different addressee. Requests will be filled in the order in which received. **NOTE:** No request can be honored for a person whose College Account or Federal Student Loan Account is delinquent.

1. Name _____ Social Security # _____
_____ Last (Maiden) First MI
Address _____
_____ Street City State Zip Code
Home Phone#: _____ Cell Phone#: _____
Currently Enrolled: Yes No Last Date of Attendance _____
Graduated: Yes No Date of Graduation _____
Mail transcript to: _____

2. Indicate Purpose For Which Transcript Is Being Sent

Transfer Admissions Application Graduate School Application
Name of School _____
 Employment Application _____
 Other (Specify) _____

Signature Date

**RECEIVING THE YELLOW COPY OF THIS FORM INDICATES THAT
THE TRANSCRIPT HAS BEEN MAILED AS REQUESTED**

FOR OFFICE USE ONLY			
DATE REC'D _____	BY MAIL _____	FAX _____	ON-SITE _____
REC'D BY _____	PAID <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROCESSED & SENT BY _____		ON _____	