



MORRIS COLLEGE
 Office of Admissions and Records
 100 West College Street
 Sumter SC 29150
 Telephone: 803-934-3225 Fax: 803-773-8241
 www.morris.edu

College Use Only:
 Please Initial

Business Office _____
 () Hold () Release

Financial-Aid Office _____
 () Hold () Release

REQUEST FOR TRANSCRIPT FORM

(Please allow 10 business days for clearance and processing)

Please READ carefully before you complete your Transcript Request:

- You **MUST** complete all fields with asterisk (*) for transcript request to be processed.
- You **MUST** sign and date this form in order for us to process the request.
- You **MUST** provide the Receipt (given by cashiers when you pay fee).
- The cost per transcript for an **UNOFFICIAL** student copy is \$4.00 (money order or cashier check).
- The cost of an **OFFICIAL** transcript in a sealed envelope or mailed is \$4.00 money order or cashier check).
- All Students must be cleared of any financial obligations to the college before a transcript can be released. (Both Business Affairs and Financial Aid Office)

STUDENT INFORMATION:

Student ID Number:	* Social Security Number:	*Date of Birth:
Student's Name: (name used when enrolled at Morris College)		
* Last:	* First:	* MI:

CURRENT MAILING ADDRESS: (WILL BE UPDATED WITH ALUMNI AFFAIRS):

* Street:	* City:	*State:	*Zip:
* Day time phone number:	* Email Address:		

****MORRIS COLLEGE INFORMATION:***

<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> Not Currently Enrolled	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
*Dates Attended: _____ to _____	Year Graduated: _____	

****NUMBER OF TRANSCRIPTS REQUESTED:***

****TRANSCRIPT(S) WILL BE:***

****PAYMENT INFORMATION:***

Official:	<input type="checkbox"/> Mailed	<input checked="" type="checkbox"/> Emailed	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Unofficial:	<input type="checkbox"/> Picked Up		Amount: _____

****WHERE TO SEND THE TRANSCRIPT (NAME OF THE SCHOOL, BUSINESS, OR PERSON TO RECEIVE THE TRANSCRIPT):***

Name of school, business, or person:			
Street Address:	City:	State:	Zip:
Purpose for Transcript:	<input type="checkbox"/> Employment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other:
Recipient Email Address:			

****Student Release:***

*Print Name:	
*Signature:	Date: