

Francis Marion University

Office of the Registrar
P.O. Box 100547 Florence, SC 29501

TRANSCRIPT REQUEST

Date of Request: _____

Social Security Number:
_____ - _____ - _____

Number of Copies Requested:

Official _____

Unofficial _____
(Issued to Student)

Check as applicable:

Send immediately

Student will pick up

Hold for grades:

- Fall
- Spring
- Late Spring (Maymester)
- Summer I
- Summer II
- Other

STUDENT

Name & Address PLEASE PRINT CLEARLY

| |
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| |
| |
| |
| |

Dates of attendance: _____

Are you attending FMU this week? ____ Yes ____ No

What degree(s) have you received from FMU?

Bachelor's Master's N/A

I authorize the release of my academic records to the individual/institution names below:

Student Signature (REQUIRED) _____ Do not print

Contact Phone # _____

Email address _____

Send transcripts to:

Name & Address PLEASE PRINT CLEARLY

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Transcript Request Policies:

1. There is a \$5.00 fee for each copy of a transcript requested, Official and Unofficial. Make checks payable to FMU.
2. Transcripts requested by anyone except the student will not be honored without the student's WRITTEN AUTHORIZATION.
3. All outstanding obligations must be cleared BEFORE any transcript can be released.
4. All transcripts are sent via first class mail only. All other delivery arrangements must be made and paid for by the student.
5. Handcarried official transcripts and their envelopes are stamped "OFFICIAL."
6. Transcripts issued directly to the student are Unofficial and stamped "ISSUED TO STUDENT."

For Office Use Only

_____ Receipt No.

Business Office Int. _____

Paid \$ _____

Date Sent: _____

Other: _____

