

Francis Marion University

Office of the Registrar

P.O. Box 100547 Florence, SC 29501

Transcript Request

STUDENT

Name & Address PLEASE PRINT CLEARLY

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 # _____

E-mail Address: _____

Name & Address PLEASE PRINT CLEARLY

Send transcript to:

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."

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

For Office Use Only

_____ Receipt No.

Business Office Int. _____

Paid \$ _____

Date sent: _____

Other: _____



FRANCIS MARION UNIVERSITY