Registrar's Office Use
Receipt Date & Initials

TRANSCRIPT REQUEST

PO Box 118067 | RG-M
Charleston, SC 29423-8067
FAX 843.574.6503

TRIDENT TECHNICAL COLLEGE
STUDENT SERVICES | Registrar's Office

Effective May 1, 2009, TTC will charge $5.00 per transcript.

Student ID/Social Security Number _____ Date of Birth _____

Number of Transcripts Requested _____

Dates Attended _____ to _____ Year Graduated _____

Campus Attended _____

Check One: ☐ Send transcripts now.
☐ Hold for current semester grades.
☐ Hold for conferring of degree.

Check one: ☐ Official
☐ Student Copy
☐ Student Pick Up
(Indicate below who is authorized to pick up the transcript.)

PLEASE PRINT

Student's Name _____
Last First MI Maiden

Name while Enrolled _____

Current Address _____
Street

_____
City State Zip Code

Phone Number _____ Date of Request _____

Student Signature _____
(Required by Law)

Credit Card Payment Information

Card Type _____ Card # _____

Exp Date _____ Name on Card _____

Amount of charge _____ Signature of Cardholder _____

Please allow 3-5 working days for your request to be processed.

Print plainly within the space provided the name and address of the person/institution to receive the transcript.

_____

_____

_____

_____