

South Carolina Commission on Higher Education

1122 Lady Street, Suite 300, Columbia, SC 29201

Telephone (803) 737-2260; Fax (803) 737-2297

<http://www.che.sc.gov>

Renea Eshleman (803) 737-2281

reshleman@che.sc.gov

Edna Strange (803) 737-2287

estrange@che.sc.gov

Lane Goodwin (803) 737-3918

lgoodwin@che.sc.gov

TRANSCRIPT REQUEST FORM

Student current name and mailing address

Name used during attendance (if different)

SSN: _____

Email address: _____

Telephone: (____) _____

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Requesting transcript from _____ in _____, SC
(Name of School) (City)

Did you graduate? Yes () No () Previously requested from the Commission? Yes () No ()

I authorize the Commission on Higher Education to send a copy of my transcript(s) as follows:

(Signature) _____

Please forward my academic transcript to () the above address, and/or () the following address:

After completing the above information, return this form with a nonrefundable search fee of \$10.00. Make check or money order payable to the "SC Commission on Higher Education," and submit to:
Edna Strange, Program Coordinator
SC Commission on Higher Education
1122 Lady Street, Suite 300
Columbia, SC 29201

FOR CHE USE ONLY

Date received: _____ Income # _____ Date transcript or no note sent: _____

- [] Student file located and transcript request filled;
[] Student file not located; we know of no other source of contact.