



Transcript Request Form

To: Registrar

College/University _____

Address _____

Please forward (1) one official copy of my academic record to:

**Admissions Office
University of South Carolina Beaufort
One University Boulevard
Bluffton, SC 29909**

Student's Information

Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

SSN # _____ - _____ - _____ Date of Birth _____

Payment for my transcript of \$ _____ is enclosed.

Signature _____ **Date** _____