ALLEN UNIVERSITY
Office of the University Registrar
1530 Harden Street
Columbia, South Carolina 29204
(803) 376-5737

Location and Hours: Basement, Arnett Hall, Monday- Friday 8:00a.m. – 5:00 p.m. (EST)

TRANSCRIPT REQUEST

NAME _____ DATE OF REQUEST _____

Mail Transcript to the following address:
(Please print complete mailing address **clearly)**

Please Print or Type Clearly to Avoid Delays

_____
_____
_____
_____

Please allow at least 72 hours for transcript processing. All delinquent accounts must be cleared prior to transcript issuance.

F**ill out one request form for each address to which you are sending transcripts.**

Currently enrolled at Allen: □ Yes □ No New Student in Current Term: □ Yes □ No

If **No**, Date last enrolled: _____ Email Address: _____ @ _____

S.S.N. or Campus Wide ID _____/_____/_____ Date of Birth _____/_____/_____

Name While Enrolled _____
(Last) (First) (Middle)

Address _____

City_____ State_____ Zip_____ Telephone (____)_____

Select One: □ $ 2.00 Fee Required for Each Unofficial Copy: **Applicable to Current Students Only**
□ $ 5.00 Fee Required for Each Official Copy: **Applicable to Agencies for Mailing Only**

Enclosed: □ Cashier's Check □ Money Order □ Check (Payable to Allen University)
□ Cash (Please pay in Person)

Purpose of Transcript: □ Transferring to another School □ Certification □ Employment

□ Organizational Member □ Military

□ Graduate School □ Scholarship

□ Other _____

SIGNATURE _____
(REQUIRED)

FOR THE REGISTRAR'S OFFICE USE ONLY	FOR THE BUSINESS OFFICE USE ONLY
Transcript(s) should be: □ Date Received_____ Date Mailed_____ □ Held for current semester grades □ Held for degree □ Held for grade change/incomplete clearance □ Held to order: Roll _____ Frame_____	Student Account Status: □ Clear □ Not Clear Delinquent Account, Library or Other _____ Cashier_____Date_____