

## Transcript Signature Release Form

- This authorization of release is required by the College of Charleston prior to the release of a student's transcript.
- Provide an email address if you wish to receive confirmation of receipt and mailing of your transcript.
- **All other information must be complete.**
- Transcript requests take **two to five days for processing**. If attachment is required, please include.
- **This is not a transcript request form.**

**THIS FORM MUST BE SIGNED AND SUBMITTED TO THE REGISTRAR'S OFFICE OR YOUR TRANSCRIPT WILL NOT BE MAILED. PLEASE SUBMIT VIA FAX (843.953.6389), MAIL, SCANNED EMAIL ([registrar@cofc.edu](mailto:registrar@cofc.edu)) OR IN PERSON.**

Name: \_\_\_\_\_

CofC ID: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Transcript(s) sent to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Immediately: \_\_\_\_\_ or Hold for Degree/Grades: \_\_\_\_\_ & \_\_\_\_\_ Term

### Reason For Request (Required) Check Only One:

- |   |  |
|---|--|
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Recertification                 |
| <input type="checkbox"/> Financial Aid    | <input type="checkbox"/> Scholarship                     |
| <input type="checkbox"/> Graduate School  | <input type="checkbox"/> Study Abroad                    |
| <input type="checkbox"/> Insurance        | <input type="checkbox"/> Summer School                   |
| <input type="checkbox"/> Military         | <input type="checkbox"/> Transfer to Another Institution |
| <input type="checkbox"/> Online Course(s) | <input type="checkbox"/> Other (specify) _____           |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_