



OFFICE OF THE REGISTRAR
TRANSCRIPT REQUEST
PRE-1988 STUDENTS

Transcript Fee: \$12.50 per copy (NON-REFUNDABLE). Transcripts will not be issued for a person whose financial obligations to The Citadel have not been satisfied. **If transcript request is sent electronically do not add payment information, as this is not secure.** Please allow 48 hours for processing.

**Required Information*

*Last Name: _____ *First Name: _____ *MI: _____

*Birth Date: _____ *Other Last Names Used: _____

Dates of Enrollment: From _____ To _____

*Type of Enrollment: Undergraduate Only Graduate Only Both Undergraduate and Graduate

*Telephone: (_____) _____ *Email: _____

*Student Signature: _____ Date: _____

Total Number of Copies: _____

Mail/Fax Transcript to (Name and Address/Fax Number):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Mail This Form To:

Office of the Registrar
171 Moultrie Street
Charleston, SC 29409-6550

OR

Fax To:

Office of the Registrar
(843) 953-7029

*Payment Enclosed: Check/Money Order Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____ CVC: _____

*Cardholder Signature: _____ Date: _____