

**SPARTANBURG METHODIST COLLEGE  
TRANSCRIPT REQUEST FORM**

Return completed form to SMC Office of the Registrar, 1000 Powell Mill Rd., Spartanburg, SC 29301 or Fax to 864-587-4355

**Transcripts can only be e-mailed when ordered online at [www.smcsc.edu/transcript](http://www.smcsc.edu/transcript).**

*Please complete one form per request. A \$5.00 fee is required for each request.  
We accept cash, credit or debit card, money order or check.*

**Student Name:** \_\_\_\_\_  
(Your complete name while a student)  
**Present Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**S.S. Number or Student ID:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**CHECK WHERE APPROPRIATE**

- Currently Enrolled                       Dual Enrollment (w/ HS)  
 Not Currently Enrolled - Dates Attended \_\_\_\_\_  
 Send Transcript Now     Hold Until End of Term  
 Official (Sealed)               Unofficial (Student Copy)

**SEND TO:**

**NAME OF COLLEGE, UNIVERSITY, EMPLOYER, ETC:**

\_\_\_\_\_  
**Name/Department:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

**VIA US MAIL:** \_\_\_\_    **VIA FAX:** \_\_\_\_ fax # \_\_\_\_\_  
**HAND DELIVERED:** \_\_\_\_    **note - a fax may not be official**  
**(a mailed and faxed copy are \$5.00 each)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Transcript Release Policy: A transcript will only be released with the signed consent of the student. No transcript will be released for a student whose financial obligation to the college has not been satisfied.

<p><b>Complete for Credit/Debit Card Payment:</b> **PRINT CLEARLY** <input type="checkbox"/> Visa              <input type="checkbox"/> MasterCard              <input type="checkbox"/> Discover Card Number: _____ Expiration Date: _____ Security Code: _____</p>
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<p><b>For Registrar's Use</b> Date Processed: _____ Payment Amount: _____ Cash__ CC__ Debit__ MO__ CK__ N/A__</p>
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