

Student Information:

Name: _____

Other names used: _____

Student ID (if known): _____ or Social Security No.: ____-____-____ Birthdate: ____/____/____

Current Address: _____

Home phone: (____)____-____ Cell/Work phone: (____)____-____

Attended (month/year): _____ to (month/year): _____

Student's Signature: _____ **Date:** ____/____/____

*In order for your request to be processed, your signature is **mandatory**.*

Check all that apply:

Please send Transcripts: Immediately After grades are posted After degree conferred

Specify what should be sent: Undergraduate Records Graduate Records All Records

Share the purpose of your request with us:

Transfer to another school Graduate School Teacher Certification Employment Other

Send **OR** Fax** to: _____

***Please note that the party receiving the **faxed** copy of your transcript determines whether or not they will accept it as official.*

Number of copies to mail _____ + Number of copies to fax _____ = Total _____

Payment Information:

Each copy of your transcript, official or unofficial, faxed or mailed, is \$5.00. If you wish to view your unofficial transcript, you may do so under your MyCSU account, provided you have your ID and pin number.

Check method of payment:

Online Receipt number: _____ or cash, money order or check enclosed.

[Please click here if you would like to make an online payment.](#)

Please mail the **completed** form *with payment* to:

Charleston Southern University
Attn: Office of the Registrar
PO Box 118087
Charleston, SC 29423

OR fax to: 843-863-8023

Note: transcript requests can take up to two weeks to process.