



OFFICE OF THE REGISTRAR
171 MOULTRIE STREET
CHARLESTON, SC 29409
(843) 953-6970/Fax (843) 953-7029

TRANSCRIPT REQUEST FORM
Please Print

Transcript Fee: \$5.00 per copy (NON-REFUNDABLE). Transcripts will not be issued for a person whose financial obligations to The Citadel have not been satisfied. Please allow two days for processing. You may access your unofficial transcript on PAWS.

Student CIT/SSN: _____ Birth Date: _____

Name: _____
Last First Middle

Other Names Used While Enrolled: _____

Dates of Enrollment: From _____ to _____

Current Address: _____

City/State/Zip: _____

Telephone: (____) _____ Email: _____

Payment Enclosed: Check Visa MasterCard Discover Money Order

Credit Card Number: _____ Expiration Date: _____

Student Signature: _____ **Date:** _____

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Check one:

Mail Now Number of copies Undergraduate Graduate

Hold for Grades: End of semester When degree posted

Currently Enrolled: Yes No If not currently enrolled, give last date of attendance:

Semester Year or Graduation Date

Mail transcript to (Name and Address):

