



Continuing Education and Conferences

University of South Carolina

CONTINUING EDUCATION PROGRAMS TRANSCRIPT LETTER REQUEST FORM

This form is to be used for noncredit (CEU and NCCP) and professional development transcript letter requests.

Please type or print in black or blue ink only. Illegible forms will not be processed.

Full Name _____
Last First MI

SSN last four* _____ Other names used* _____
*Do not submit entire SSN. *Used while participating in UofSC programs.

Address _____

City _____ State _____ Zip _____ Country _____

Phone () _____ Fax () _____ I wish to receive a copy of my transcript by fax.

Participant signature _____ Date _____
I certify I am the above named individual requesting my noncredit transcript.

Dates of program participation _____
Beginning MM/YYYY Ending MM/YYYY

INTERNAL USE ONLY

DATE	MTH	\$	APPVL	A	CC4	EXP
------	-----	----	-------	---	-----	-----

Check one: Check/Money Order American Express Discover
 MasterCard Visa

Credit card # _____ Expiration date _____

Name as it appears on card _____ CVV code _____

Amount \$ _____ Cardholder signature (required) _____

Transcript fee is \$10 (non-refundable).
Please allow 3-5 business days for processing.
Make all methods payable to
"UofSC Continuing Education and Conferences."
If you wish to charge your fees, enter your account number
and sign above. (USC FEIN 57-6001153).

Please fax completed form with method of payment
to 803-777-2663 or mail to:
University of South Carolina
Continuing Education and Conferences
1705 College Street, Suite 591, Columbia, SC 29208
DO NOT scan and email this form with credit card information.