



TRANSCRIPT RELEASE

Florence-Darlington Technical College
P. O. Box 100548
Florence, South Carolina 29502-0548

All transcript requests must have the student's signature. Telephone requests are not accepted. The College requires forty-eight (48) hours to process this transcript request. For additional information contact Registrar Services at (843) 661-8090/211 fl (' L' ** % / , ' , * .

Transcript Fee is \$5.00 per copy.

Student Information

Name: _____ SSN: _____

Maiden Name: (if applicable) _____

Address: _____
Street P. O. Box Apt. No.

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Date of Birth: _____

Date of Last Enrollment _____ Curriculum: _____

Attended: Day Evening Graduate: Yes No

Send Transcript To:

Name: _____

Attn: _____

Address: _____
Street P. O. Box

City: _____ State: _____ Zip: _____

Number of Copies: _____

Official Copy Student Copy

Student's Signature: _____

Date: _____

For Office Use Only

Date Processed: _____

Amount Received: _____

Receipt No. _____