



SHERMAN COLLEGE  
of STRAIGHT CHIROPRACTIC

# Sherman College of Straight Chiropractic Transcript Request Form

Office of the Registrar, Spartanburg SC 29304 P.O. Box 1452  
Phone: 864-578-8770 Fax: 864-599-4851

**Transcript Fee:**  
1<sup>st</sup> Request Complimentary  
\$5.00 per official copy  
\$1.00 per unofficial copy  
Overnight Request - \$33+

Transcripts will not be issued for persons whose financial obligations to Sherman College of Straight Chiropractic have not been satisfied. Please allow one to three days for processing. Please note **FAXED** transcripts are **NOT considered official**

Name: \_\_\_\_\_

Last

First

Middle

Name While Enrolled: \_\_\_\_\_ Dates of Enrollment: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Type:

- Check/Money Order      Credit Card Number \_\_\_\_\_
- Visa
- Master Card      Expiration Date: \_\_\_\_\_

#### REQUEST 1

Check one: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial

\_\_\_\_\_ Pick Up Now

\_\_\_\_\_ Mail Now

\_\_\_\_\_ Hold \_\_\_\_\_ For Grades from Current Quarter \_\_\_\_\_ Until Degree is Conferred

Mail transcript to (Name and Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax      Fax Number ( ) \_\_\_\_\_

#### REQUEST 2

Check one: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial

\_\_\_\_\_ Pick Up Now

\_\_\_\_\_ Mail Now

\_\_\_\_\_ Hold \_\_\_\_\_ For Grades from Current Quarter \_\_\_\_\_ Until Degree is Conferred

Mail transcript to (Name and Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax      Fax Number ( ) \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Office Use Only)

Date Processed: \_\_\_\_\_

By: \_\_\_\_\_