



# Sherman College of 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:

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#### REQUEST 1

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

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#### REQUEST 2

Check one:      Number of Copies: \_\_\_\_ Official \_\_\_\_ Unofficial  
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Mail transcript to (Name and Address): \_\_\_\_\_

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

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

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

(Office Use Only)

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

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