



Release of Academic Information for Deceased Students

The following requirements protect the confidentiality of academic information upon the death of a former student or alumnus of Sherman College of Chiropractic.

The Office of the Registrar will evaluate each request for the release of a transcript or other academic records of a deceased student on the individual merits of that request and reserves the right to deny the request in whole or to release only part of the academic records that are requested. The Office of the Registrar does not release academic records of deceased students to the news media or for research purposes.

The closest living next-of-kin may submit a written request along with the following certified documents in English:

1. Copy of birth certificate of the requestor or other documentation of the relationship
2. Copy of death certificate or obituary of former student or alumnus
3. Completed request form

If there is no living next-of-kin, academic records may be requested by the executor of the estate or holder of power of attorney for the deceased. A written request along with a notarized copy of the executor statement or power of attorney in English is required.

Documents should be mailed to:

**Office of the Registrar
Sherman College of Chiropractic
PO Box 1452
Spartanburg, SC 29304**

Questions? Email registrar@sherman.edu or call 864-578-8770 ext. 255



**Duplicate Diploma / Certificate
Posthumous Request**

Name of alumnus: _____

Name if different when enrolled: _____
(Include documentation of name change, example: copy of driver's license)

Date of Birth: _____ Graduation Date: _____

Honors Conferred: _____ Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude

Certificates (\$10.00 each):

Health Center Intern _____
Academic Achievement _____
Service Distinction _____

Certificates (\$15.00 each):

B.J. Palmer Philosophy _____
Garfunkel _____
Clinical Excellence _____

Diploma: 14x18 print (\$31.50): _____

Digital copy (\$15.00): _____

Total: \$ _____

Printed name of requester: _____ Relationship: _____

Purpose for request: _____

Mail to: _____

Signature of requester: _____ Date: _____

Email: _____ Phone: _____

Payment type: Visa Mastercard Check or Money order payable to "Sherman College"

Card Number: _____ Expiration: _____ Code: _____

Return form and related documents by mail to:

Sherman College, Registrar's Office, PO Box 1452, Spartanburg, SC 29304

Questions? Email registrar@sherman.edu

Sherman College reserves the right to deny the request in whole or to release only part of the academic records that are requested. If denied, payment will not be processed.

Diploma /Certificates orders must be pre-paid. Allow **6-8 weeks** for processing.



**Transcript Request Form
Posthumous Request**

**Fees:
\$10.00 per official copy**

Transcripts will not be issued for persons whose financial obligations to Sherman College of Chiropractic have not been satisfied. Please allow one to three days for processing.

Name of alumnus: _____

Name if different when enrolled: _____

Date of Birth: _____ **Graduation Date:** _____

Printed name of requester: _____ **Relationship:** _____

Purpose for request: _____

Mail to: _____

Signature of requester: _____ **Date:** _____

Email: _____ **Phone:** _____

Payment type: Visa Mastercard Check or Money order payable to "Sherman College"

Card Number: _____ **Expiration:** _____ **Code:** _____

Return form and related documents by mail to:

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Sherman College reserves the right to deny the request in whole or to release only part of the academic records that are requested. If denied, payment will not be processed.

Transcript orders must be pre-paid. Allow **1-3 days** for processing.