

# Coastal Carolina University

## Transfer Student - Transcript Request Form

**\*\*\*Please print this form and give it to the Registrar's Office at your current or previous institution with the transcript fee, (if required) in order to request that your official transcript be mailed to Coastal Carolina University at the following address:**

Coastal Carolina University  
Office of Admissions  
P.O. Box 261954  
Conway, SC 29528-6054

### STUDENT INFORMATION

Name \_\_\_\_\_  
Last First Middle

Maiden Name (if applicable) \_\_\_\_\_

Social Security Number or Student ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Term Applied To Enter CCU:

Fall Semester 20\_\_\_\_

Spring Semester 20\_\_\_\_

Summer Term 20\_\_\_\_

### Information Release Authorization

*I understand that it is my responsibility to request any and all transcripts. The transcripts **will not** be requested by CCU. My signature below authorizes release of my transcripts. I understand that if there are any charges for the transcript, I am responsible for these and should be notified at the address shown below.*

Student's Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_