

## TRANSCRIPTS

### How to Request an Official Transcript

**Submit a written request by mail, in person, or by fax (803-786-4209). The student's signature is required before a request can be processed.**

- Transcript fee is \$10.00 per copy.
- Payment by check, money order, or credit card. **Payment must accompany your request.** Checks and money orders need to be made payable to CIU.
- Transcripts will not be made available to anyone who has an outstanding balance or unfulfilled obligations to the University.
- You must contact our office for pre-paid mailing services (Express Mail, Priority Mail, etc.)  
**Instructions for Prepaid Mailing Services**

***The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs.***

All written requests must include the following information:

- Your **Full Name** as it appears on your records and any other name(s) used while enrolled.
- **Student number.**
- **First and Last** Terms of Enrollment.
- Recipient Address to which your transcript is to be mailed.
- Your return address, Telephone Number and Email Address.
- **Signature** and the **Date.** Your request will not be processed without your signature.

You may fax your request (803-786-4209). If you decide to fax your request you will need to include credit card information (type of card, name that appears on the card, card number, and expiration date). You can also come by our office which is located in the Administration Building, or you can mail your request with a check to the address below.

Columbia International University  
Office of the Registrar  
7435 Monticello Road  
P.O.Box 3122  
Columbia, SC 29230  
(803)807-5059  
FAX (803)786-4209

## **PREPAID MAILING SERVICES**

Transcript requests for any of the following express services must be received by mail, fax or in person by **12:00 noon** to be mailed the same day. Any request received after 12:00 noon will not be processed until the next business day.

For each service, please follow the guidelines below.

- Express Mail/US Postal Service   **\$18.95**  
May be delivered to a street address or a post office box. This is delivered the next USPS day (Monday-Saturday).
- Priority Mail/US Postal Service   **\$5.15**  
Priority Mail may be delivered to a street address or a post office box. Delivery is quicker than regular first class, Monday-Saturday delivery. This service can not be tracked.

International delivery is available. The rates are based on the location to which the package is being shipped. Please call us and we will obtain the shipping rates for you.

If FEDEX or UPS overnight delivery are requested you will need to contact our office for us to get rates.



# TRANSCRIPT REQUEST FORM

Columbia International University  
Records Office  
P.O. Box 3122  
Columbia, SC 29230-3122  
Fax: 803-786-4209

(Office Use)  
Date received:  
Amount paid:  
Date sent:

**TRANSCRIPT FEE: \$10 per transcript.**  
**Processing will not begin until payment is received.**

Transcripts are mailed by regular US Postal Service within 5-7 business days from receipt of your request.  
**Additional handling fees will apply for special services.** (Rates vary - check [www.ciu.edu/transcript](http://www.ciu.edu/transcript))

Last name (Please print) First Middle Maiden

Social Security Number Birth Date Years Attended or Graduation Date

Your Current Address (please print) Area Code, Phone Number, Extension

City State Zip Code Foreign Country

Signature of Student (required by Federal law) E-Mail Address (please print neatly)

Please send \_\_\_\_\_ transcript(s) to: (Additional recipients and addresses may be put on back)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hold until  
Grades \_\_\_\_ Degree  
are posted?

## Credit Card Processing Sheet

(Phone number required above if paying by credit card)

I.D. # \_\_\_\_\_ Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Type of Card:  Visa  MasterCard  American Express  
 Discover

**Amount:** \$ \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_  
MM YYY

Credit: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
CIU Account Number

Description: \_\_\_\_\_  
\*\*If returned, cardholder notified on: \_\_\_\_\_  
Preparer's Initials: \_\_\_\_\_

Returned:  Not Completely Filled Out  Not Approved  
 Other \_\_\_\_\_