



Orangeburg-Calhoun
Technical College

TRANSCRIPT REQUEST: Please mail to the high school or college you last attended.

TO: _____
 (High School or College Attended)

(Street Address)

(City) (State) (Zip Code)

TO WHOM IT MAY CONCERN:

I plan to enroll at Orangeburg-Calhoun Technical College. In order that I may complete my application, please send an official copy of my transcript with this form to:

STUDENT RECORDS & ADMISSIONS OFFICE
 ORANGEBURG-CALHOUN TECHNICAL COLLEGE
 3250 ST. MATTHEWS ROAD NE
 ORANGEBURG, SC 29118

IF I HAVE COLLEGE BOARD SCORES, PLEASE INCLUDE THEM.

Name _____

(First) (M) (Maiden) (Last)

Social Security Number _____ - _____ - _____

Date of Birth _____

Address _____

(Street Address)

(City) (State) (Zip Code)

Last Date of Attendance _____

Graduate Yes ___ No ___

Thank you for your cooperation.

Signature Date

PLEASE RETURN THIS FORM WITH THE STUDENT'S TRANSCRIPT