Columbia International University

OFFICE OF THE UNIVERSITY REGISTRAR • EMAIL: REGISTRAR@CIU.EDU
PHONE: 803.807.5028 • FACSIMILE: 803.786.4209
7435 MONTICELLO ROAD • P.O. BOX 3122 • COLUMBIA, SC 29230

TRANSCRIPT REQUEST INSTRUCTIONS

☐ **COMPLETE** in full the Transcript Request Form
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.

☐ **SUBMIT** the Transcript Request Form:

- by **mail** (Columbia International University, Office of the Registrar, 7435 Monticello Road, P.O. Box 3122, Columbia, SC 29230),
- in **person** (located in the Administration Building),
- by **fax** (803.786.4209), or
- by **email** (registrar@ciu.edu).

☐ **PAY $10 FEE** per official transcript
or **$ 5 FEE** per unofficial transcript *(Students with a CIU Online account may access & print unofficial transcripts for free.)*

- by **mail**—mail a check or money order, payable to CIU, with your completed Transcript Request form,
- in **person**—pay by cash, check payable to CIU, credit/debit card in the Accounting Office (located in the basement of the Administration Building), or
- by **phone**—pay by credit card by calling the Accounting Office (803.807.5055).

Please note: additional fees may be required for transcripts mailed overseas, pre-paid mailing services, or expedited requests. Please contact the Registrar's office for details.

****** Transcripts will not be made available to anyone who has an outstanding balance or unfulfilled obligations to CIU.******

Columbia International University

TRANSCRIPT REQUEST

Please submit to the Office of the University Registrar.

This form is for the release of any personally identifiable information (excluding directory information) or educational records, including transcripts, regarding any student to any party other than those listed in sec. 99.30 of the Family Educational Rights and Privacy Act of 1974.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____ Maiden *(if applicable)* _____

Social Security Number _____ Student ID Number _____ Birth Date *(mm/dd/yyyy)* _____ Years Enrolled at CIU _____

Current Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ Email Address _____

INSTRUCTIONS

I request and authorize the release of the following records:

☐ Official Transcript(s) *$10 each (All work included—graduate & undergraduate)*

☐ Unofficial Transcript(s) *$5 each*

(Students with a CIU Online account may access & print unofficial transcripts for free.)

☐ Send Immediately ☐ Send after Grades Posted _____ Number of Copies Requested

☐ Send after degree is conferred

Send Request To: _____

_____

_____

_____

**Please allow 3-5 business days from receipt of payment for processing.*

STUDENT AUTHORIZATION

_____

Student Signature *(Required)*

Date *(mm/dd/yyyy)* _____

See "Transcript Request Instructions" for payment details. Processing will not begin until payment is received. No records will be released unless all financial obligations to CIU are fulfilled.

OFFICE OF THE UNIVERSITY REGISTRAR ● EMAIL: REGISTRAR@CIU.EDU
PHONE: 803.807.5059 ● FACSIMILE: 803.786.4209 ● 7435 MONTICELLO ROAD ● P.O. BOX 3122 ● COLUMBIA, SC 29230

For Office Use Only:

Date Received: _____ Account Cleared: ☐Yes ☐No Amount Paid: _____ Date Sent: _____