

# South Carolina Fire Academy

141 Monticello Trail, Columbia, SC 29203

(803) 896-9800 Office

(803) 896-9856 Fax

## Transcript Request Form

Transcripts will be released only to the student, the student's fire chief, or the department training officer. Transcripts will be mailed to the address indicated on this form. Transcripts will not be sent by fax.

Complete all information below and indicate the processing fee. Transcripts are \$3 per person.

### REQUESTER

Name: \_\_\_\_\_

Title (dept. request only): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Type:  individual - SSN \_\_\_\_\_  department - attach list of each name and SSN

Please send the transcript(s) to the address below. (If different from address above.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### PAYMENT

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

check enclosed     money order enclosed     purchase order # \_\_\_\_\_

credit card (VISA/Master Card) card # \_\_\_\_\_ exp. date \_\_\_\_\_  
name on card \_\_\_\_\_

### SIGNATURE

Form must be signed by the student for an individual request or by the fire chief or training officer for a departmental request.

signature: \_\_\_\_\_ date: \_\_\_\_\_