



REQUEST FOR OFFICIAL TRANSCRIPT OF RECORD

Send a request to each college attended.

Name (include maiden): Mr. Mrs. Miss Rev. Dr. _____

Dates Attended: _____ Currently Enrolled? Yes No

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____ Telephone: _____

City, State, & Zip: _____ Email Address: _____

Applicant's Signature

Date

Fee

SEND OFFICIAL TRANSCRIPT TO:

**Professional Employee Certification Service
615 St. Andrews Road
Columbia, SC 29210**