

**PIEDMONT TECHNICAL COLLEGE**  
(Transcript Request)

Name: \_\_\_\_\_  
                    Last                      First                      Maiden Name

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

Phone: \_\_\_\_\_  
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PLEASE RETURN THIS FORM AND TRANSCRIPT TO:

PIEDMONT TECHNICAL COLLEGE  
P.O. Box 1467  
Greenwood, SC 29648-1467  
Attn: Human Resources  
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This signature authorizes the release of my transcript to be forwarded as requested.  
If there is a charge, please bill me.

\_\_\_\_\_  
Date                      Signature

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name and address of college that you attended:

\_\_\_\_\_  
College

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

Currently Enrolled?                      Yes                      No

Did You Graduate?                      Yes                      No

Last Date of Attendance \_\_\_\_\_

Transcript should be sent:                      Now                      After Current Term