

YORK TECHNICAL COLLEGE  
Academic Records Office

452 South Anderson Road  
Rock Hill SC 29732  
Enrollment Services (803) 327-8008

**Transcript/Grade Report Request Form**

Requesting:     Transcript         Grade Report (After Current Term Only)

✓ Please Read Carefully

✓ Please Print Clearly

- Please allow a 2 day processing time upon receipt in the Academic Records Office.
- York Technical College does not accept faxed requests.
- Transcripts may be ordered online for a fee of \$2.75: [www.parchment.com](http://www.parchment.com)
- A transcript/grade mailer will not be issued for individuals whose financial obligations to York Technical College are not satisfied.

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

(Please print clearly)

Social Security or College ID#: \_\_\_\_\_

Other name(s) used while enrolled: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Send By (check one):     Mail         FAX Number (\_\_\_\_) \_\_\_\_\_

Attn: \_\_\_\_\_

Send Transcript:         Now         **HOLD** for this term's grades     **AFTER** degree posted

Personal Pickup:         Today         Please indicate day and time

\_\_\_\_\_

Request 1 - send to:

Attention: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Request 2 – send to:

Attention: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

(I certify that I am the above individual requesting my transcript.)

Office Use Only
_____
Copies
_____
Date and Initial
_____
Date and Initial
_____
RQSS