

L I M E S T O N E C O L L E G E

Office of the Registrar * 1115 College Drive * Gaffney, SC 29340

TRANSCRIPT REQUEST

There is a \$5 fee per copy

Name:

Other names used while enrolled:

Student #:

Site:

E-Mail Address:

Dates of Attendance

Date of Birth

Current Address

Current Phone Number

Home:

Work:

Cell:

Mail to the following Addresses

1)

2)

Reason Requesting Transcript:

_____Summer classes _____Employment _____Transfer _____Graduate School

Signature:

Requests may be faxed to this number -Fax: 864-488-8340.

We accept Credit Cards

Credit Card Information (minimum \$10 charge)

Type of Card

Number

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Cc: Admissions