



## Official Student Transcript Request

Please send transcript requests to [ArclabsTranscripts@arclabs.edu](mailto:ArclabsTranscripts@arclabs.edu). The transcript fee is \$15 and can be paid by calling the Business Office at 864.236.9995.

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

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

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

Email: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Campus Location: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

*I would like to receive these documents by:*

- Student Pick Up
- Designee Pick-Up: \_\_\_\_\_ (designee's name)  
(Note: Designee must be listed on FERPA form with permission to release this record)
- Email: \_\_\_\_\_ (provide if different than above)
- Fax:(#) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please note that transcript requests will be made available to the student as quickly as possible, but please allow up to 30 days for processing. Transcripts may not be released to students who have balances due on their accounts.*