HIGH SCHOOL/GED TRANSCRIPT REQUEST FORM

Please send an official high school/GED transcript, including proof of graduation, and SAT/ACT scores (if available) for the following student to:

Admissions Office
Central Carolina Technical College
506 N. Guignard Drive
Sumter, SC 29150

STUDENT INFORMATION

NAME ________________________________
Last      First     Middle

MAIDEN NAME (If applicable) ________________________________

SOCIAL SECURITY NUMBER _________-_______-____________

DATE OF BIRTH (MM/DD/YY) _________/_________/_________

HIGH SCHOOL NAME ______________________  YEAR DIPLOMA RECEIVED ________

If you are requesting your GED from South Carolina, there is a processing fee. In-person replacement documents will be $5 per copy. Requests for replacement documents received through the mail will be $10 per copy. Please send this form along with a money order payable to GED Testing to:

GED Testing Information
Room 402, Rutledge Bldg., 1429 Senate Street, Columbia, SC 29201

INFORMATION RELEASE AUTHORIZATION

I understand that it is my responsibility to request any and all transcripts. These will not be requested by CCTC. My signature below authorizes release of my transcripts. I understand that if there are any charges for the transcript, I am responsible for these and should be notified at the address shown below.

Student’s Signature ____________________________________________

Address ________________________________________________________

City ___________________________ State _______ Zip ___________ Phone ____________________