

**PIEDMONT TECHNICAL COLLEGE
(High School Transcript Request)**

Name: _____
Last First Maiden

Social Security No. _____

Address: _____

Date of Birth: _____

Phone: _____

Name and address of high school which you attended:

High School

Address

PLEASE RETURN THIS FORM AND TRANSCRIPT TO:

PIEDMONT TECHNICAL COLLEGE

P O Box 1467

Greenwood, SC 29648-1467

Attn: Admissions

City State Zip

This signature authorizes the release of my transcript to be forwarded as requested. If there is a charge, please bill me.

Currently Enrolled? _____ YES _____ NO

Did you graduate? _____ YES _____ NO

Last date of attendance: _____

Date Signature

Transcript should be sent after completion
