

Request for Continuing Education Transcripts

There is a **\$25.00** (including **\$5.00** PayPal processing fee) charge for a transcript request.
Payment must be received before transcript request can be processed.

Date of Request: _____

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

If paying by check or MO:
Please mail request along with a check or MO for **\$20.00** made payable to:

Mid-Carolina AHEC, Inc.
P.O. Box 2049
Lancaster, SC 29721
Phone (803) 286-4121
Fax (803) 286-4165

For Office Use Only

Date Check Received _____ Date Transcript Mailed _____

Signature _____