



ESTABLISHED 1794

REQUEST FOR TRANSCRIPT

Name: _____ Maiden Name: _____
Last First Middle

Date of Birth: _____ SSN (last four digits only) or Student ID: _____ Years Attended: _____

Please send to:

COPY TO BE MAILED NOW

____ Number of Copies Requested

Name of recipient

Address City State Zip

HOLD FOR MAILING AFTER _____
Date

Send additional copies to:

Name of recipient

Name of recipient

Address City State Zip

Address City State Zip

SIGNATURE _____

DATE OF REQUEST _____

STUDENT MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

Mail or Fax Completed form to:

Tusculum College, Registrar's Office
Attention: Transcript Request
P.O. Box 5050
Greeneville, TN 37743
Fax: 423-636-5087

Note: Transcripts are usually processed within 24 hours of receipt of the request. No transcript will be furnished unless all financial obligations to the college are satisfied. One official transcript will be furnished at no charge; however a \$5.00 fee will be charged for all subsequent transcripts.

For Office Use Only:
Mailed _____ Initials _____