

## Transcript Request Form

Please request a transcript from each school attended. Photocopies may be made for this purpose.

### Personal Information

Name \_\_\_\_\_  
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

Permanent or home address \_\_\_\_\_  
NUMBER, STREET, OR BOX CITY STATE/ZIPCODE

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
COUNTY/COUNTRY HOME PHONE BUSINESS PHONE

EMAIL \_\_\_\_\_

### School Information

Name of institution attended \_\_\_\_\_

Address \_\_\_\_\_  
STREET/ROUTE AND/OR BOX CITY STATE ZIP

Date of Attendance \_\_\_\_\_

Phone Number \_\_\_\_\_

I authorize release of my official transcript with my signature below.  
Please forward it to the following address.

Tusculum College  
Office of Admissions  
Post Office Box 5051  
Greeneville, Tennessee 37743

Signature \_\_\_\_\_

Date \_\_\_\_\_

If there is a charge, please contact me at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_