

# TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE



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Last Name	First Name	M.I.	Maiden
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Date of Birth	Student ID or Last 4 of SSN	Approx. Dates Attended
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**I authorize release of my transcripts as indicated below:**

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Student Signature	Date	Daytime Phone Number
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**Issue my transcript:**

☐ to me    ☐ now    ☐ after semester grades are posted at this address:

Street	City	State	Zip
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☐ \_\_\_\_\_  
Name of Institution/Organization

☐ now    ☐ after semester grades are posted

Street	City	State	Zip
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☐ \_\_\_\_\_  
Name of Institution/Organization

☐ now    ☐ after semester grades are posted

Street	City	State	Zip
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☐ \_\_\_\_\_  
Name of Institution/Organization

☐ now    ☐ after semester grades are posted

Street	City	State	Zip
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**Submit this form, completed and signed, to:**

Tusculum University Registrar's Office, Transcript Request, P.O. Box 5050, Greeneville, TN 37745

Fax: 423-636-5087      Email: [registrartu@tusculum.edu](mailto:registrartu@tusculum.edu)

*Note: Transcripts are usually processed within 1-2 business days of receipt of the request. During the months December and May, requests may take up to 5 business days to be processed. Transcripts are not issued if the student has an outstanding financial obligation to the University. Official transcripts are not issued via email or fax.*

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**OFFICE USE ONLY**

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Date Processed	By (initials)	Notes
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Rev. 08/07/19