

# Transcript Request/Placement Scores Request

Use this form to request your transcripts from previous college/high school.  
Applicants are responsible for having their transcripts sent to Pellissippi State.



**PELLISSIPPI STATE  
COMMUNITY COLLEGE**

Enrollment Services  
P.O. Box 22990  
10915 Hardin Valley Rd.  
Knoxville, TN 37933-0990

To the registrar/  
guidance counselor of \_\_\_\_\_  
High School/College/University

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

I have applied for admission to Pellissippi State for the following semester: 20\_\_Spring 20\_\_Summer 20\_\_Fall

**Please mail an official copy of my transcript and placement test scores (if applicable) to Pellissippi State Enrollment Services. Also, please forward any immunization records available (high school records only).**

My name as it appears on transcript \_\_\_\_\_

Year of graduation/last attended \_\_\_\_\_

\_\_\_\_\_  
Name (if different from name above)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature