TRANSCRIPT REQUEST

Printed name__________________________________________  Date requested________________________________

Student ID or Social Security number____________________  Date of birth_____________________________

Please list school, contact name and address or fax number of each recipient, and number of copies needed. If you need copies sent to more than two schools, please list others on back.

<table>
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<tr>
<th>No. of copies</th>
<th>School/contact</th>
<th>Address (street/city/state/zip) OR fax</th>
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Student signature (required)__________________________________________  Phone __________________________

NOTE: Faxed copies may not be accepted as official.

Mail or fax completed form: Pellissippi State Community College
  Records Office, ATTN: Transcript Request
  P.O. Box 22860
  Knoxville, TN 37933-0990
  Fax: 865.539.7689

OFFICE USE ONLY: Request processed by _________ (initials) Date__________

A TBR Institution/An AA/EEO College/PSCC 21518330
Rev. 6/8/15