



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.

No. of copies	School/contact	Address (street/city/state/zip) OR fax

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 22990
 Knoxville, TN 37933-0990
 Fax: 865.539.7689

OFFICE USE ONLY: Request processed by _____ (initials) Date _____