



Office of the Registrar

TENNESSEE TECH

TRANSCRIPT REQUEST FORM

OFFICE USE ONLY:

Date Processed: _____ Initials: _____
 Pre-Banner Verification: Name Match: Initials: _____ Date: _____ Initials: _____ Date: _____
 DOB Match: Initials: _____ Date: _____ Initials: _____ Date: _____
 (if avail) SS# Match: Initials: _____ Date: _____ Initials: _____ Date: _____

Please physically sign the form in the space provided below and also include a photocopy of your valid I.D. (Driver's License or Student I.D.)

Completed Transcript Request forms may be sent via:

Email (Registrar@tntech.edu) **Fax** (931.372.6111) **Mail** (Office of the Registrar, PO Box 5026, Cookeville 38505)

Student Name: _____ **T#:** (if known) _____
 (Last) (First) (MI)

Previous Last Name: _____ **Phone:** _____ **Email:** _____

Current Street Address: _____
 (Street Number & Street Name) (City) (State) (Zip)

Date of Birth: _____ **Are you currently enrolled at TTU?** _____

If not currently enrolled, enter: _____
 First Term/Year Entered Last Term/Year Entered Degrees Earned (if applicable)

Check one of the following to indicate when you want this transcript processed:

Hold for current term grades ___ Hold for Degree Posting ___ Immediately ___

Check here if you will pick up the transcript in person (Jere Whitson 221) ___

Please send _____ copy(s) of my transcript to:
 (quantity)

_____	_____
Name (Business/Institution)	Name (Person)
_____	_____
Street Line 1	Street Line 2
_____	_____
City/State/Zip	Fax Number (if faxing, not mailing)

Requests with incomplete addresses cannot be processed!!!

Transcripts are free of charge, however, if a financial obligation to the University exists, the transcript cannot be released until the balance is paid. Transcripts mailed, faxed, or handed to a student will be stamped, "Issued to Student." Please complete one form for each address to which you need your transcript sent. Please allow 2 business days during the semester and 10 business days at the beginning and end of each semester for processing.

Signature: _____ **Date:** _____