MOTLOW COLLEGE
P. O. BOX 8500
LYNCHBURG, TN 37352-8500
FAX 931-393-1971

TRANSCRIPT REQUEST FORM

STUDENT ID # ____________________________ DATE ____________________________

NAME ____________________________ SEND TRANSCRIPT TO ____________________________

ADDRESS

________________________________________________

________________________________________________

________________________________________________

PHONE ____________________________ # REQUESTED ____________________________

IF YOUR NAME HAS BEEN CHANGED SINCE YOUR ORIGINAL RECORDS WERE ESTABLISHED, PLEASE PRINT YOUR ORIGINAL NAME: ________________________________________________________________________________________________

CHECK ALL APPLICABLE BOXES:

☐ SEND TRANSCRIPT NOW

☐ HOLD TILL CURRENT GRADES ARE POSTED

☐ HOLD TILL DEGREE HAS BEEN POSTED

PREVIOUSLY ENROLLED TERM/YEAR ________

DID YOU GO TO MOTLOW PRIOR TO FALL 1979?

_____ YES _____ NO

DO YOU NEED COMPASS TEST SCORES SENT WITH YOUR TRANSCRIPT? _____ YES _____ NO

SIGNATURE __________________________________________ DATE ________________

☐ TRANSCRIPT HAS BEEN SENT AS REQUESTED MAILED ____________________________________________

☐ ADMINISTRATIVE HOLD (TRANSCRIPT NOT SENT UNTIL HOLD IS CLEARED) FILLED BY ____________________________________________

White Copy--Admissions and Records Yellow Copy--Student

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