



*Please email completed form to admissions@tsc.edu

Official Transcript Request

NAME: _____ DOB: ____ - ____ - ____ TSC ID: _____
(Please print)

PHONE Home:(____) ____ - ____ Cell:(____) ____ - ____ Other:(____) ____ - ____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

INDICATE DISTRIBUTION (Cost: \$5.00 per official transcript)

Please specify Department or Person at college/university. Complete one form per address. Student is responsible for providing CORRECT and COMPLETE address (number, street, city, state, and zip code).

Number of transcript(s) Mail to: _____

College/University: _____

Department/ Attention to: _____

Street: _____

City/State/Zip Code: _____

TSC ACADEMIC HISTORY

First/Last Enrolled: _____

Degree(s)/Year Received: _____

Hold for posting of current semester grades

Hold for posting of degree notation

Number of transcript(s) for Self Pick Up _____

SPECIAL INSTRUCTIONS (*USE FOR Self Pick-Up ONLY*)

I authorize _____ to **pick up/pay** for my official transcript.

I have notified the party listed above that this request will not be honored without his/her photo identification

STUDENT SIGNATURE: _____ DATE: _____

Transcripts that are not picked up within 4 weeks will be shredded.

BUSINESS OFFICE USE ONLY:

Receipt #: _____ # of Transcripts: _____ Cashier Initials: _____

OFFICE OF ADMISSIONS & RECORDS USE ONLY

PERC _____ Received by: _____ DATE: _____