



# TRANSCRIPT REQUEST

Printed name \_\_\_\_\_ Date requested \_\_\_\_\_

Last 4 digits of Social Security number xxx-xx- \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ or

Student ID or P number \_\_\_\_\_

Date of birth \_\_\_\_\_

Please list recipient and address or fax number and number of copies needed.

No. of copies	School/contact	Address or fax

Student signature (required) \_\_\_\_\_

Phone \_\_\_\_\_

NOTE: Faxed copies may not be accepted as official by receiving institution.

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

<p>OFFICE USE ONLY:</p> <p>Request processed by _____ (initials)</p> <p>Date _____</p>
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