

# Transcript request form

INSTRUCTIONS: Complete and mail this form to the appropriate institution(s).

Date \_\_\_\_\_

Name of college or university \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Registrar:

Please send one (1) transcript of my records to The University of Tennessee at Martin. The address is:

Graduate Studies  
310 Administration Building  
The University of Tennessee at Martin  
Martin, TN 38238

If there is a charge, please mail a statement to me at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I was enrolled in your school under the following name:

\_\_\_\_\_  
(please print)

Social Security # \_\_\_\_\_

Enrolled for the period \_\_\_\_\_

\_\_\_\_\_  
Signature