



*Please email completed form to transcripts@tsc.edu

Dual Enrollment - Official Transcript Request

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

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

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

INDICATE DISTRIBUTION

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: _____
(NOTE: Limit of 5 official transcript)

SPECIAL INSTRUCTIONS (USE FOR Self Pick-Up ONLY)

I authorize _____ to **pick up** 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.

OFFICE OF ADMISSIONS USE ONLY

PERC _____

Received by: _____

DATE: _____