

# TRANSCRIPT REQUEST

## WALTERS STATE COMMUNITY COLLEGE

Student Records Department  
Morristown, Tennessee 37813-6899

Date of Request \_\_\_\_\_

SEND TRANSCRIPT TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PRINT YOUR NAME AND MAILING ADDRESS

\_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_ NUMBER TRANSCRIPTS REQUESTED

- I WILL CALL FOR THIS ORDER
- SEND NOW
- HOLD THIS REQUEST UNTIL GRADES FOR CURRENT TERM ARE POSTED
- CURRENTLY ENROLLED
- PREVIOUSLY ENROLLED

If your name has changed since your record was established, print original name here:

\_\_\_\_\_

### FOR RECORDS OFFICE USE ONLY

#### METHOD REQUESTED

Telephone	Letter	Personal Request
Amount Paid	Date Sent	Sent By

- Your transcript has been sent as requested.
- Your transcript is enclosed.
- Please remit \$ \_\_\_\_\_