



*Please email completed form to admissions@tsc.edu

Dual Enrollment- Official Transcript Request

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

ADDRESS: _____
(Street)

PHONE Home: _____

(City) (State) (Zip Code)

Work: _____

Cell: _____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

INDICATE DISTRIBUTION

Please mail _____ transcript(s) to:

*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).*

College/University: _____

Department/ Attention to: _____

Street: _____

City/State/Zip Code: _____

TSC ACADEMIC HISTORY

Date First Enrolled: _____

Date Last Enrolled: _____

Degree(s): _____

Degree Date(s) _____

Please have _____ transcript(s) ready for **Self Pick Up**

SPECIAL INSTRUCTIONS

Hold for posting of current semester grades

Hold for posting of degree notation

STUDENT SIGNATURE: _____ DATE: _____

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

OFFICE **OF ADMISSIONS AND RECORDS** USE ONLY:

Received by: _____

Date: _____