



*Please email completed form to admissions@tsc.edu

Official Transcript Request

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

ADDRESS: _____ PHONE Home: (____) ____ - _____
(Street) Work: (____) ____ - _____
(City) (State) (Zip Code) 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 USE ONLY

PERC _____ Received by: _____ DATE: _____