



\*Please email completed form to [transcripts@tsc.edu](mailto: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 or Official transcript may be mailed to your home address. 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:** \_\_\_\_\_ (NOTE: Limit of 5 official transcript)

College/University/Name: \_\_\_\_\_  
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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

## OFFICE OF ADMISSIONS USE ONLY

PERC \_\_\_\_\_ Received by: \_\_\_\_\_ DATE: \_\_\_\_\_