



TRANSCRIPT REQUEST FORM

P.O. Box 52 Milligan College, TN 37682 ♦ 423.461.8788 ♦ 423.461.8716 (fax)

Full Name (including name while attending Milligan) _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Current Student _____ Former Student _____ Phone Number _____

If not currently enrolled, list dates of attendance _____

Check program(s) that you attended: Undergraduate _____ Graduate _____ Other _____

When should transcript be sent? Now _____ After Final Grades Are Posted _____ After Degree Is Posted _____

Number of OFFICIAL transcripts to be sent _____ Number of UNOFFICIAL transcripts to be sent _____

Please send my transcript to:

Name (college, person or business) _____

Address – Line 1 _____

Address – Line 2 _____

City _____ State _____ Zip Code _____

I am requesting this transcript for the purpose of: (check one)

- _____ 1. Attending summer school and transferring the credits back to Milligan College.
- _____ 2. Transferring to another college or university to earn a degree at that institution (I do not plan to return to Milligan College). The school to which I am transferring is a:
 - _____ Two-year school.
 - _____ Four-year school.
- _____ 3. Graduate school admission.
- _____ 4. Employment.
- _____ 5. Other _____

NOTICE: Before a transcript can be released, the Registrar's Office must clear the request with the Business Office. You will be notified if the transcript cannot be released.

Signature _____ Date _____

Registrar's Office Use Only: Business Office OK: _____ Date Transcript Sent: _____ Sent By: _____
