

Request for Transcript Mailing

Student Name _____

Date of Request _____ Year of Graduation: _____

*Prior to requesting that your transcript be sent to any specific school, please make sure that you have an application on file for that school.

Which college/university do you wish to receive your transcript and ACT scores?

____ Walters State Community College

____ Carson-Newman

____ University of Tennessee at Knoxville

____ East Tennessee State University

____ Lincoln Memorial University

____ Tusculum College

*Other Schools:

Please provide the name of the school and the address for the Admissions Office
