



MOTLOW STATE COMMUNITY COLLEGE

P. O. BOX 8500
LYNCHBURG, TN 37352-8500
FAX 931-393-1971

TRANSCRIPT REQUEST FORM

STUDENT ID # _____

DATE _____

NAME _____

SEND TRANSCRIPT TO _____

ADDRESS _____

PHONE _____

REQUESTED _____

IF YOUR NAME HAS BEEN CHANGED SINCE YOUR ORIGINAL RECORDS WERE ESTABLISHED, PLEASE PRINT YOUR ORIGINAL NAME: _____

CHECK ALL APPLICABLE BOXES:

PREVIOUSLY ENROLLED TERM/YEAR _____

SEND TRANSCRIPT NOW

DID YOU GO TO MOTLOW PRIOR TO FALL 1979?

___ YES ___ NO

HOLD TILL CURRENT GRADES ARE POSTED

DO YOU NEED COMPASS TEST SCORES SENT WITH

YOUR TRANSCRIPT? ___ YES ___ NO

HOLD TILL DEGREE HAS BEEN POSTED

SIGNATURE _____ **DATE** _____

TRANSCRIPT HAS BEEN SENT AS REQUESTED

MAILED _____

ADMINISTRATIVE HOLD _____

FILLED BY _____

(TRANSCRIPT NOT SENT UNTIL HOLD IS CLEARED)

White Copy--Admissions and Records

Yellow Copy--Student