



MOTLOW STATE COMMUNITY COLLEGE

Admissions and Records
P.O. Box 8500
Lynchburg, TN 37352-8500
Phone: 931-393-1520 Fax: 931-393-1809
admissions@mscc.edu

TRANSCRIPT REQUEST FORM

Name (please print): _____
Last First Middle

Previous Name: _____ Date of Birth: _____ Daytime Phone: _____

Student ID#/Last 4 digits of SSN: _____ Last Semester of Attendance: _____

Current Address: _____
Street

City State Zip Code

- Motlow State is unable to fulfill on-demand processing requests. **Please allow 3 to 5 business days for processing.**
- It is the student's responsibility to provide a complete and legible address where the transcript should be sent.
- No transcript will be issued if any financial obligation to the college exists or if you have not completed the admissions process.
- Motlow State is unable to e-mail or send transcripts electronically through third party vendors.
- Electronic signatures are not acceptable.

****To Pick Up Transcript, Print "Pick Up" Below****

<p>*Please use a separate form for multiple recipients *</p> <p>Please release _____ copy(ies) of my MSCC transcript .</p> <p><u>Please process this request (check all that apply):</u></p> <p>_____ Standard processing (3 to 5 business days)</p> <p>_____ After current semester grades are posted</p> <p>_____ After degrees are posted at the end of this term only</p> <p>Did you go to Motlow prior to Fall 1979? ____ Yes ____ No</p> <p>Do you need placement test scores sent with your transcript? ____ Yes ____ No</p>	<p>Send To:</p> <p>_____</p> <p>Attention to:</p> <p>_____</p> <p>Street:</p> <p>_____</p> <p>City:</p> <p>_____</p> <p>State: Zip Code:</p> <p>_____</p> <p>Fax #:</p> <p>_____</p>
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Student Signature: _____ Date: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, the academic record is classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.