

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

[Allow 2 weeks for normal processing]

Name: _____

Address: _____

City: _____ State: _____

Birthdate: _____

Mail Transcript To:

(Please type or print clearly)

Student's Signature
(Required for release of information)

Request Date: _____

Received: _____ Sent: _____

OFFICE OF THE REGISTRAR
MID-SOUTH CHRISTIAN COLLEGE
PO BOX 181056
MEMPHIS, TN 38181-1056

Date: _____

Phone: _____

Zip: _____

Social Security Number: _____

1. Number of transcripts: _____
2. Currently enrolled? _____
or date of last attendance: _____
3. Check one. Send now _____
Send with final grades:
4. Amount enclosed: \$ _____
Fee: \$5.00 per copy (First copy free)

Request can be faxed or mailed to: 901-375-4085