

Transcript Request Form

Please complete and mail form to the appropriate institution(s).

Name of Institution:

Address:

City/State/ZIP:

Please send one (1) transcript of my records to the University of Tennessee at Martin at the following address:

Office of Graduate Studies
University of Tennessee at Martin
227 Administration Building
Martin, TN 38238

I was enrolled in your institution under the following name:

Social Security Number:

OR

Birthdate:

Enrolled for the period:

Signature of Requestor

Date

If there is a charge, please mail a statement to me at the following address:

Name

Address

City, State, ZIP