



# Official Transcript Request Form

Office of the Registrar Milligan College PO Box 52 Milligan College, TN 37682  
PHONE: 423.461.8788 FAX: 423.461.8716 EMAIL: [Registrar@milligan.edu](mailto:Registrar@milligan.edu)

**INSTRUCTIONS: Please print legibly. If this form is not completely filled out, the request will not be filled.**  
**You may mail, fax, email or bring completed and SIGNED form to the Registrar's Office (Derthick 103).**

Name: \_\_\_\_\_ SSN: (last 4 digits only) XXX-XX-  
(Include name while attending Milligan)

Current Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_

If **Currently Enrolled Student**, complete the following:

When should the transcripts be created (check all that apply)?

- Now     Hold for Current Semester Grades     Hold until degree is posted

Reason for transcript request?

- Attending summer school and transferring the credits back to Milligan College  
 Considering transfer to another college or university (name of institution: \_\_\_\_\_)  
 Graduate school admission  
 Employment  
 Other: \_\_\_\_\_

If **Alumni/ Former Student**, complete the following:

Approximate dates of enrollment: \_\_\_\_\_ Year of Graduation (if applicable): \_\_\_\_\_

**Please indicate the number and type of transcripts requested below.**

Choose educational level(s) for transcripts requested (choose one or both):  Undergraduate  Graduate

# _____ OFFICIAL TRANSCRIPTS (transcripts <u>must</u> be mailed or picked up)	# _____ UNOFFICIAL TRANSCRIPTS (transcripts may be mailed, faxed or scanned/emailed)
<input type="checkbox"/> Mail to home address listed above	<input type="checkbox"/> Mail to home address listed above
<input type="checkbox"/> Mail to address listed below	<input type="checkbox"/> Mail to address listed below
<input type="checkbox"/> Hold for pick up on _____ (date)	<input type="checkbox"/> Fax to fax# _____
	<input type="checkbox"/> Email to email address: _____

Please provide **complete mailing address(es)** for transcript(s) to be sent:

Address #1	Address #2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE: Signature is **REQUIRED** for release of records. Before a transcript can be released, the Registrar's Office must clear the request with the Business Office. You will be notified by phone and/or email if the transcript cannot be released.

Registrar's Office Use Only:	Business Office OK: _____	Date Transcript Sent: _____	Sent by: _____
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