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

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 must be mailed or picked up)
☐ Mail to home address listed above
☐ Mail to address listed below
☐ Hold for pick up on __________ (date)

# ______UNOFFICIAL TRANSCRIPTS (transcripts may be mailed, faxed or scanned/ emailed)
☐ Mail to home address listed above
☐ Mail to address listed below
☐ Fax to fax#_________________
☐ Email to email address: ______________________

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

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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:________