

Milligan University Transcript Request Form

Instructions: This form must be used to request *official and unofficial* Milligan transcripts. For timely processing, please complete all fields on the form. Transcripts will not be issued to students or alumni who have a balance on their student accounts. To comply with FERPA regulations, **this form requires a hand-written signature. Please plan to print, sign, and send the form to the Milligan University Registrar's Office** (by mail to Milligan University Registrar's Office, PO Box 52, Milligan, TN 37682; pdf/image by email to Registrar@Milligan.edu; fax to 423-461-8716; or deliver in person to Derthick Hall room #103). For questions, please call the Registrar's Office at 423-461-8788.

- **Official transcripts** are printed on security paper and bear the Milligan seal. They must be mailed by the Registrar's Office or picked up in person.
- **Unofficial transcripts** are printed on plain paper and do not bear the Milligan seal. Unofficial transcripts may also be accessed by currently enrolled student through Self-Service.

YOUR NAME when you were a student at Milligan:

First	Middle	Last	SSN (Last 4 digits ONLY)
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Your Current **Contact Information:**

Email: _____
Phone: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Desired timing for your transcript (check all that apply):

- Now
- Hold for current semester grades
- Hold until degree is posted

YOUR STUDENT STATUS (please select one):

- | | |
|--|--|
| <input type="checkbox"/> Alumni/Former Student:
<input type="checkbox"/> Milligan <input type="checkbox"/> Emmanuel <input type="checkbox"/> Both
Approximate dates of enrollment:
Year of Graduation (if applicable): | <input type="checkbox"/> Currently Enrolled Student
Reason(s) for transcript request:
<input type="checkbox"/> Summer school/credit transfer to Milligan
<input type="checkbox"/> Transfer to another school
<input type="checkbox"/> Graduate school admission
<input type="checkbox"/> Employment
<input type="checkbox"/> Other: |
|--|--|

TRANSCRIPT REQUEST DETAILS:

Transcript **Degree Level:** Undergraduate Graduate Both

of **Official** Transcripts:

of **Unofficial** Transcripts:

Select all that apply:

- | | |
|---|--|
| <p style="text-align: center;">OFFICIAL TRANSCRIPT</p> <input type="checkbox"/> Mail to my current address listed above
<input type="checkbox"/> Mail to the other address(es) listed below
<input type="checkbox"/> Hold for pick on: Click or tap to enter a date. | <p style="text-align: center;">UNOFFICIAL TRANSCRIPT</p> <input type="checkbox"/> Email unofficial to my current email address listed above
<input type="checkbox"/> Other unofficial transcript options:
Email address:
Fax number: |
|---|--|

Mailing Addresses:

	Address #1	Address #2
To:		
Address:		
City:		
State:		
Zip:		

Signature: _____ **Date:** _____
Hand-written signature required