



\*Please email completed form to [admissions@tsc.edu](mailto:admissions@tsc.edu)

# Dual Enrollment- Official Transcript Request

NAME: \_\_\_\_\_ DOB : \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TSC ID: \_\_\_\_\_  
*(Please print)*

PHONE Home:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: \_\_\_\_\_

**INDICATE DISTRIBUTION** (Cost: \$5.00 per official transcript)

*Please specify Department or Person at college/university. Complete one form per address. Student is responsible for providing CORRECT and COMPLETE address (number, street, city, state, and zip code).*

Number of transcript(s) Mail to: \_\_\_\_\_

College/University: \_\_\_\_\_

Department/ Attention to: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

**TSC ACADEMIC HISTORY**

First/Last Enrolled: \_\_\_\_\_

Degree (s) Year Received: \_\_\_\_\_

Hold for posting of current semester grades

Hold for posting of degree notation

Number of transcript(s) for Self Pick Up: \_\_\_\_\_

**SPECIAL INSTRUCTIONS (*USE FOR Self Pick-Up ONLY*)**

I authorize \_\_\_\_\_ to **pick up/pay** for my official transcript.  
I have notified the party listed above that this request will not be honored without his/her photo identification

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***Transcripts that are not picked up within 4 weeks will be shredded.***

**BUSINESS OFFICE USE ONLY:**

Receipt #: \_\_\_\_\_ # of Transcripts: \_\_\_\_\_ Cashier Initials: \_\_\_\_\_

**OFFICE OF ADMISSIONS USE ONLY**

PERC \_\_\_\_\_ Received by: \_\_\_\_\_ DATE: \_\_\_\_\_