

# Hiwassee College

Office of the Registrar

## Official Transcript Request

Please print clearly

Financial obligations to the College must be cleared before requests will be honored. Only Hiwassee College transcripts may be requested or released. Transcripts will be sent by USPS first-class mail. Outgoing transcripts may NOT be faxed. Requests are usually processed within two business days. **A fee of \$15.00 per copy must accompany the transcript request.**

Student Name: \_\_\_\_\_

Name used when enrolled (if different): \_\_\_\_\_

Student ID# or SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Mail transcript to:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Number of copies to the address above: \_\_\_\_\_

Number of copies send to additional address on attached sheet: \_\_\_\_\_ Total # of copies requested: \_\_\_\_\_

This request is for:  Study Abroad  Transfer  LSDAS  MCAS  Graduate/Professional School  
 Scholarship/Fellowship Application  Other

### Processing Instructions:

- Hold this request until the current term's grades are posted  Hold for pickup  
 Hold for degree conferral  Send Immediately

### Payment

Credit Card #: \_\_\_\_\_  Visa  American Express  
Expiration Date: \_\_\_\_\_  Master Card  Discover

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

**All requests require an original signature of the student. Requests without a signature will NOT be processed.**

### Return your completed request in person, by mail, email or by fax, to:

Hiwassee College  
Office of the Registrar  
225 Hiwassee College Drive  
Madisonville, TN 37354  
Email: smithvi@hiwassee.edu  
FAX: 423-420-1894

#### For Office Use Only

C NC Paid Cash Check CC

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

Initials: \_\_\_\_\_