THE UNIVERSITY of TENNESSEE Health Science Center

The Office of the Registrar
Medical Center Plaza Complex
910 Madison Avenue, Suite 525
Memphis, Tennessee 38163
Tel: (901) 448-5264 - Fax: (901) 448-7772

TRANSCRIPT REQUEST

Release of any academic records require the signature of the student and should be mailed to the address shown above or faxed to 901.448.7772

A transcript of work completed by a student at UTHSC will be furnished without charge within approximately three working days after receipt of a written, signed request addressed to the Registrar, provided the student is not indebted to the University. Processing of transcript requests at the end of a semester may take longer.

Date Request:_____ Mailed:_____

SS Number:_____ Contact Number: _____

Email Address:_____

Name:_____
Last First Middle/Maiden

_____
Present Address

_____
City State Zip-Code

Program:_____ Term:_____

Presently Attending: _____ (Yes) _____ (No) Last Date of Attendance:_____

Number of Transcripts ☐

HOLD FOR GRADES TO POSTED ☐ YES ☐ NO
HOLD FOR DEGREE ☐ YES ☐ NO

Having knowledge of the penalties of deceit and fraud, I certify that I am the above named person requesting a transcript(s) of my academic record.

_____
Signature

☐ WILL PICK-UP
☐ MAIL TRANSCRIPT TO ADDRESS BELOW

1) Name: _____
Address: _____
City: _____ State: _____ Zip: _____

2) Name: _____
Address: _____
City: _____ State: _____ Zip: _____

3) Name: _____
Address: _____
City: _____ State: _____ Zip: _____