

**KNOXVILLE COLLEGE
TRANSCRIPT REQUEST FORM**

❖ Identifying information:

a. Name when enrolled _____ b. SSN / DOB _____

c. Student Status: Current _____ Graduate (year) _____

Former (include dates) _____

d. Campus Attended (please circle one) KNOXVILLE / MORRISTOWN e. Student I.D.# _____

f. Your Return Address _____

❖ Please send my **official** transcript(s) to: (authorized 3rd party addresses only) # of Official: _____

❖ Please send my **unofficial** transcript(s) to: # of Unofficial: _____

OR hold for pickup by _____ (UNOFFICIAL ONLY)

Total # of Transcripts Requested: _____

❖ Amount Paid: \$ _____

❖ Method of Payment: Cash _____ Money Order _____ Cashier's Check _____

❖ Debit/Credit Card:

Full card # _____ Expiration Date _____ CVV# _____

Amount Authorized \$ _____

Billing Address (for the card provided) _____

(Debit/credit card payments can be made by *mail* (901 Knoxville College Dr. Knoxville, TN 37921) or *fax* (865-524-6843) or and must include the following information: amount of charge, full card #, expiration date, CVV #, and full billing address. *We DO NOT process phone payments.*)

Requestor Signature: _____ Date: _____

Contact # and/or Email _____ (Please include for questions regarding your request)

Note: The first transcript received is free of charge. Additional copies are \$3.00 each and payment must be received to process your request. Please allow at least **TWO (2) WEEKS** from the date of request for receipt of transcripts. Requests received during registration and grading periods will be filled two weeks after these periods have ended. If you have a hold placed on your account for any reason, you must satisfy the requirements of this hold before your request can be processed.