

**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 ID# _____
f. Your Return Address _____

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

❖ Please send my **unofficial** transcripts 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* (P. O. Box 52648. Knoxville, TN 37950-2648 or *fax* (865-524-6540) 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 \$10.00 each and payment must be received to process your request. Please allow at least **TWO (2) WEEKS** from the date of request 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.