REQUEST FOR TRANSCRIPT/TEST SCORES
Please return this form along with the requested information to
DYERSBURG STATE COMMUNITY COLLEGE
Office of Admissions and Records
1510 Lake Road - Dyersburg, TN 38024

Please send the following (Check One)

_____ Official Copy of My High School Transcript Including ACT Scores

_____ Official Copy of My College/University Transcript and COMPASS Scores

_____ Official Copy of My GED Scores

PLEASE PRINT

Name Under Which My Records Exist:

_____
Last First Middle

Current Name If Different From Above _____

Last four digits of your Social Security Number xxx-xx-_____

Date of Birth _____ Phone Number _____

Present Address:

_____
Street Address City State Zip

Give the Complete Address to Where This Request is to be Mailed -- NOTE: THIS IS NOT DYERSBURG STATE BUT THE SCHOOL YOU ATTENDED OR THE PLACE WHERE YOU TOOK THE GED or COMPASS.

_____

_____

Last Date of Enrollment _____

If Applicable, Month and Year You Passed the GED _____

I understand that withholding information and/or providing false information can jeopardize my enrollment. I authorize release of my transcript/test scores.

_____ _____
Student Signature Date