



**DYERSBURG STATE COMMUNITY COLLEGE**

Transcript Request Form

Please complete all information and FAX completed form to 731/286-3325 or mail to:

Dyersburg State Community College

Office of Admissions and Records

1510 Lake Road

Dyersburg, TN 38024

- Transcripts will be issued free-of-charge for up to six copies per term. A fee of \$1.00 will be assessed for each additional transcript.
- Transcripts will not be issued until all debts or obligations to DSCC have been satisfied.
- Due to the costs involved, DSCC does not fax transcripts.

**Name and Date of Birth:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Birth Date: MM: \_\_\_\_ DD: \_\_\_\_ YY: \_\_\_\_

**Contact Information:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

DSCC ID # \_\_\_\_\_ OR Last 4 Digits of SSN: \_\_\_\_\_

Are you currently enrolled? \_\_\_\_\_ Number of transcripts requested: \_\_\_\_\_

**Check if Appropriate:**

\_\_\_\_\_ Mail transcript now.

\_\_\_\_\_ I will pick up transcript at the DSCC One Stop Center on the Dyersburg Campus. Allow 3-5 days for processing.

\_\_\_\_\_ Hold transcript for the current term's grades.

\_\_\_\_\_ Hold transcript until degree is posted at end of term.

**Release Academic Transcript to Name/Address (if different from above):**

Individual's Name or Specific Office (if applicable): \_\_\_\_\_

Business or Institution: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Individual's Name or Specific Office: \_\_\_\_\_

Business or Institution: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_