



**COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING YOUR
DYERSBURG STATE COMMUNITY COLLEGE TRANSCRIPT**

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

Dyersburg State Community College
Office of Records
1510 Lake Road
Dyersburg, TN 38024

- DSCC 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.
- DSCC 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 at DSCC? _____ Number of transcripts requested: _____

Check all of the following that apply to your request:

_____ *Mail my DSCC transcript to me at the address listed above.*

_____ **Mail my DSCC transcript to the address listed below.**

_____ *I will pick up my DSCC transcript at the DSCC One Stop Center on the Dyersburg Campus. [Allow 3-5 days for processing.]*

_____ **Do not mail my DSCC transcript until the current term's grades are posted.**

_____ *Do not mail my DSCC transcript until my degree is posted at end of term.*

Mail my DSCC Transcript to Name/Address:

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** _____