



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 issues up to 6 transcripts per term at no charge. A fee of \$1.00 will be assessed for each additional transcript.
- DSCC Transcripts will not be issued until all debts or obligations to the College have been satisfied.
- 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. Please bring photo identification for pick up.]*

_____ **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 (if applicable): _____

Business or Institution: _____

Street Address: _____

City, State, Zip: _____

Signature (Required) _____ **Date** _____