Transcript Request Form

Office of Records, Floyd Payne Campus Center, Room 305 Post Office Box 9609, Nashville, TN 37209

Phone: (615) 963-5300 Fax: (615) 963-5108, Email: Records@tnstate.edu



Any student who has a financial obligation to the University will NOT have a transcript released. Requests CANNOT be accepted via the telephone.

Five transcripts can be sent at no charge; any subsequent transcripts are \$1 each.

Typically, transcripts will be issued within 1-2 business days of the receipt of the request. However, during peak busy times, it may take 3-5 business days to send the transcript.

TNumber or SSN:			Phone Number:	Today's Date (MM/DD/YY):					
Name:				Previou	s Name:		_		
Address:			City:	City:		e:	Zip:	Zip:	
Last Term Attended:		Date of I		Birth:	rth:		Email:		
Transcrip		t Information:	Please type the nam	ne and address	s of the perso	n or instituti	on where you	would like	
Send To:									
Address I	Line One:								
Address I	Line Two:								
City, State	e, Zip, Nat	ion:							
Number o	of Copies:								
To Be Ser	nt:								
Send Now									
End of semester (after grades are posted):									
After Degree is posted:									
STUDENT'S SIGNATURE IS REQUIRED TO PROCESS THIS REQUEST!									
Student's Sig	mature:			Date:					
Office Use Only									
Received in	n Records by:				Date Re	eceived:			
Processed i	n Records by:				Date Pr	ocessed:			
Comments									