

No handwritten forms will be accepted, the forms must be completed and signed electronically.

User Name (First, MI, Last)

Email Address

Six Digit High School Code

High School Name

City

ST

ZIP

High School Phone Number

High School FAX Number

ACKNOWLEDGEMENT:

By signing below, I certify the above individual is employed by the school system and is authorized to verify high school academic requirements for state grant and scholarship programs.

Principal Signature

Date

Principal Name

Email Address

TSAC USE ONLY BELOW THIS LINE

User Name Assigned

TSAC Authorization Signature

Date

Click the following link to access the **e*GRandS Login** page; <https://clipslink.tsac.tn.gov/signon/SignOn.aspx>
By gaining access to this site, you certify that you are an employee of the school to which this username has been issued. You further agree to the terms and conditions of the License Agreement. Access without permission may subject you to civil penalties or criminal prosecution.

Email this request to Journey Ellison at journey.a.ellison@tn.gov or FAX to 615.741.6101

STATE OF TENNESSEE
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