

STUDENT REQUEST FOR A TRANSCRIPT FROM A CLOSED INSTITUTION

- ❖ There is a \$10 fee for each transcript request.
- ❖ Only money orders or cashier's checks will be accepted for payment. Please make the money order or cashier's check payable to the Tennessee Higher Education Commission.
- ❖ Up to three (3) copies of the requested transcript will be provided for each request; one (1) of which will be sent to the student.
- ❖ Unreadable forms will be returned unprocessed.
- ❖ Transcripts are processed within two weeks from the receipt of this form.

Mail To: Tennessee Higher Education Commission - Attn: Transcripts
Division of Postsecondary School Authorization Parkway
Towers, Suite 1900
404 James Robertson Parkway
Nashville, TN 37243-0830

- ❖ **This agency houses the records of many closed schools; however, the files received from the schools are sometimes incomplete. Please note that failure to locate an academic record from a closed institution does not necessarily invalidate the student's claim of attendance or the completion of a course(s) or program of study. Unfortunately the commission only administers and maintains the records as provided by the closed institution and does not have any secondary source beyond the CD ROM to search for academic records. The agency regrets any inconvenience this may cause.**

NAME OF THE CLOSED INSTITUTION

Request 1 Please mark if the request is to be faxed or mailed.

Mail ___ Fax ___

Fax Number

STUDENT INFORMATION

| | |
|---|----------------------|
| | |
| Social Security Number | Current Phone Number |
| Last Name of Student while attending the institution. | |
| Current Full Name of Student | |
| Current Street Address | |
| Current City State ZIP | |



Request 2 Please mark if the request is to be faxed or mailed.

Mail ___ Fax ___

Fax Number

| |
|---------------------------------------|
| |
| Contact Name |
| Institution or Business Name |
| Institution or Company Street Address |
| Institution or Company City State ZIP |

Request 3 Please mark if the request is to be faxed or mailed.

Mail ___ Fax ___

Fax Number

| |
|---------------------------------------|
| |
| Contact Name |
| Institution or Business Name |
| Institution or Company Street Address |
| Institution or Company City State ZIP |

SIGNATURE

DATE

| For Office Use Only | |
|---------------------|------------------------------|
| Receipt # | Payment Method |
| | Money Order Cashier Check |

