

MSCC Transcript Request Form

OFFICE OF THE REGISTRAR
MID-SOUTH CHRISTIAN COLLEGE
P.O. BOX 181056
MEMPHIS, TN 38181-1056

Name: _____
 Last First Middle Maiden

Address: _____
 Street

_____ City State Zip

Date of Birth: ____ / ____ / ____ MSCC Student ID Number: _____

Dates of Enrollment: From ____ To ____ Last 4 digits of Social Security # XXX-XX-____

Check one: send now ___ or send with final grades ___

Fee for each transcript of \$10.00 is enclosed: _____ [first copy free]

Fee received date: _____ initials of staff person _____ [Office Use]
Transcript Date Sent: _____ initials of staff person _____

Reason for Transcript Request: ___ Transferring ___ Grad School ___ Job Application
 ___ Scholarship ___ Insurance ___ Other: _____

Official ___ Unofficial ___
Please send ___ transcript(s) to:

Official ___ Unofficial ___
Please send ___ transcript(s) to:

_____ Organization

_____ Organization

_____ Street

_____ Street

_____ City State Zip

_____ City State Zip

I authorize the release of my transcript to the address(es) listed above. **Signature required.**
By federal law, transcripts are released only by a request **signed by the student.** FEDERAL LAW REQUIRES SIGNATURE (AND DATE) BEFORE TRANSCRIPT CAN BE RELEASED.

_____ Student's Signature _____ Date