



TENNESSEE WESLEYAN COLLEGE

PACE Evening Program • 204 East College Street • P.O. Box 40 • Athens, Tennessee 37371-0040
1-800-PICK-TWC • (423) 252-1114 • Fax: (423) 746-5309 • www.twcnet.edu

TRANSCRIPT REQUEST

PLEASE FORWARD AN OFFICIAL COPY OF MY TRANSCRIPT OF CREDITS TO:

Tennessee Wesleyan College
Evening Program
P.O. Box 40
Athens, Tennessee 37371-0040
Fax (423) 746.5309
eveningdirector@twcnet.edu

TO BE COMPLETED BY STUDENT

This Form May Be Duplicated If Requesting Transcripts From More Than One Institution.

Print Full Name _____

Name When Attended (if different from above) _____

Social Security Number _____ Birth Date _____

Phone Number (____) _____ E-mail _____

Amount Enclosed for Transcript Request Fee _____

I do hereby consent to the release of any information pertaining to my scholastic records and/or activities to Tennessee Wesleyan College. I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action which may arise resulting from the release of that information.

Signature of Student

Date

TO BE COMPLETED BY REGISTRAR

Name of College/University

Address City State Zip

Student's Name at Present Time

Student's Address (Street, City, State, Zip)

Year Last Attended

Please attach this completed form to the transcript.