



TENNESSEE WESLEYAN COLLEGE

Learn, Serve, Lead ... and Believe

Evening Program • 204 East College Street • Athens, Tennessee 37303
1-800-PICK-TWC • (423) 252-1114 • Fax: (423) 746-9335 • www.twcnet.edu

TRANSCRIPT REQUEST

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

Tennessee Wesleyan College
Evening Program
204 East College Street
Athens, Tennessee 37303
Fax (423) 746.9335
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.