Student Signature:_

Student Affairs—Admissions/Records/Enrollment Services 4501 Amnicola Hwy., Chattanooga, TN 37406-1097 Phone: 423-697-4401 Fax: 423-697-4709 www.chattanoogastate.edu

Transcript Request

Name (please print):			
Trame (prease printy).	Last	First	Middle
Previous Name:			
Date of Birth:	SSN/Student ID:		
Daytime Phone:			Dates of Attendance:
Current Address:			
City	State	Zip	
Please use a separate form	n for each request.		Please process this request (check all that apply):
Please release copy(ies) of my ChSCC Transcript to the address listed in the box to the right.		O Standard processing(3 to 5 business days)	
		O After current semester grades are posted	
Please provide the name and address of where you would like		O After degrees are posted at the end of this term	
your transcripts to be mailed. If you wish to pick up your transcript, please print "Pick-up" in the Send To section.			O With attachment included
Please indicate below if you are requesting an official copy or student copy of your transcripts.		Send To:	
O Official copy		Address:	
O Student copy			
	d if any financial obligation to the ompleted the admission process.	College	City/State/Zip:
	ipts can be processed only if all inf		
 Transcripts mailed to the student's home address will not be official unless specified in the request above. Transcripts processed for pick-up contain your name as recipient. 			
 Plan for 3 to 5 business days for your request to be processed. If you have been a student since 2007, you may check the status of your transcript request online. 			
ii you have been a student s	since 2007, you may check the stat	us or your tr	ansanptrequest offilie.

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, the academic record is classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.

Date:

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