Clear Form

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Transcript Request Form

Tennessee Technological University
Office of Records, Box 5026
Cookeville, Tennessee 38505-0001
Fax: (931) 372-6111

Mail To:

Dear Registrar:
Please release _____ copy(ies) of my TTU Transcript _____ now or _____ at the close of the semester to the address listed in the box to the right. ⇨

Student Information must be completed below:
Printed Name: _____
Address: _____
_____
Student ID: _____
Date of Birth: _____
Previous Names: _____

Student Signature _____ Date _____

For Records Office Use Only
Special Instructions: _____
_____
Processed By: _____ Date Mailed: _____