

The Graduate School
The University of Tennessee at Chattanooga

Transcript Request

University: _____

Street: _____

City, State, Zip: _____

Dear Registrar:

In order to comply with application procedures at The University of Tennessee at Chattanooga, I am requesting that you send one official copy of my transcript to:

The University of Tennessee at Chattanooga
The Graduate School (Dept #5305)
615 McCallie Avenue
Chattanooga, TN 37403

Please bill me at the address below for any charge incurred.

Name: _____

Name at time of enrollment: _____

SS#: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

If for some reason, such as an outstanding financial obligation, my transcript cannot be released, you are hereby authorized to inform the university of the specific reason.

Signature of Student

Date