

KNOXVILLE COLLEGE
TRANSCRIPT REQUEST FORM

Identifying Information

Name: _____ SSN: _____
Address: _____ Student ID#: _____

Student Status: ___ Current ___ Former ___ Graduate _____ Year(s) Attended: _____

Campus Attended: ___ Knoxville College ___ Morristown College

Official Transcript

Please send my official transcript(s) to:

Number of official copies requested: _____

Unofficial Transcript

Please send my unofficial transcript(s) to:

Hold for pickup by _____ Number of unofficial copies: _____

Request PDF copy of unofficial transcript

Payment Information (All transcripts are \$10.00 per copy)

Amount Paid: \$ _____

Method Payment: ___ Cash ___ Money Order ___ Cashier's Check ___ Credit/Debit Card*

*Card Number: _____ Expiration Date: _____ CCV: _____

Amount Authorized: \$ _____

Billing Address: _____

Requestor's Signature: _____ Date _____

Phone Number: _____ E-mail Address: _____

Please mail to: Knoxville College PO Box 52648 Knoxville, TN 37950-2648

Please fax to: (865) 521-8068

Please call (865) 521-8064 if you have any questions.

Note: The first transcript received is free of charge. Additional copies are \$10.00 each and payment must be received in order to process your request. Please allow at least two (2) weeks from the date of request; however, request received after grading periods will take longer.