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## TRANSCRIPT REQUEST FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Current Address: \_\_\_\_\_  
street city state zip

Phone No. : \_\_\_\_\_ Email Address \_\_\_\_\_

Dates of Attendance : \_\_\_\_\_

Did you graduate? If yes, provide date: \_\_\_\_\_

I requested that an official sealed transcript of my record at Watkins College of Art, Design & Film be:  
\_\_\_\_\_ sent to the Institution indicated below  
\_\_\_\_\_ sent to my address above  
 I requested that an unofficial copy of my transcript be sent to my address above.

**Mail Official transcript to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please mail this form to:

Watkins College of Art, Design & Film  
ATTN: Office of the Registrar  
2298 Rosa L. Parks Blvd  
Nashville TN 37228

**or Fax: (615)242-7117**

**or Scan and email to [registrar@watkins.edu](mailto:registrar@watkins.edu)**

**\$5.00 fee per transcript** can be paid by check or go to [www.watkins.edu/payments](http://www.watkins.edu/payments) (click [Miscellaneous Payment](#) and note "Transcript Request" in Payment Description box).

For Office Use Only:

Received by \_\_\_\_\_

Requested Date: \_\_\_\_\_

Fee Total Paid: \_\_\_\_\_

Date Transcript Sent: \_\_\_\_\_