



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:

ATTN: Office of the Registrar, 2298 Rosa L. Parks Blvd, Nashville TN 37228 or fax: (615)242-7117

*** \$5.00 fee per transcript**

For Office Use Only:
Received by _____ Requested Date: _____
Fee Total Paid: _____ Date Transcript Sent: _____