



## Academic Transcript Request

**Mail or Fax form to:**  
 Office of the Registrar  
 1000 Seventeenth Avenue North  
 Nashville, Tennessee 37208  
 Phone: 615-329-8586  
 Fax: 615-329-8587

Current Name (Last, First, Middle) \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_

Student ID or SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Transcript Cost: Official \$5.00 Unofficial \$3.00 Faxed Copy \$7.00

For payment inquiries please contact the Cashier/Business Office at 615-329-8546

**Complete the following information:**

Are you currently enrolled at Fisk?  Yes  No - If not currently enrolled, list dates of attendance: \_\_\_\_\_

Payment:  Money Order  Visa  MasterCard \*American Express and personal checks not accepted.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Total \$ \_\_\_\_\_

Reason for Request:

Graduate School Application  Transferring to another institution  Personal Copy  Internship

Other: Please Specify \_\_\_\_\_

Release Academic Record & Other Pertinent Information to (Name/Address/Fax). Please Print:	# of Copies
	[    ]
	[    ]
	[    ]
(Attach additional addresses if necessary.)	

**OFFICE USE ONLY** Initials: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Comments: \_\_\_\_\_