



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: _____