

Office of the Registrar
registrar@tougaloo.edu

Tougaloo College

TRANSCRIPT REQUEST

500 West County Line Road
Tougaloo, MS 39174
601-977-4459

PLEASE PRINT LEGIBLY

NAME
AND
ADDRESS
(INCLUDE
MAIDEN
NAME)

Send Transcript(s): ☐ Mail NOW ☐ HOLD for **Pick-up** on _____

- ☐ **Mail** when grades are posted for: ☐ Fall ☐ Spring ☐ Summer
Mail when my _____ degree is posted
- ☐ **HOLD** for grade change or transfer grade and then **Mail**

MAIL _____ ☐ Official ☐ Unofficial
(QUANTITY) TRANSCRIPT(S) TO:

MAIL _____ ☐ Official ☐ Unofficial
(QUANTITY) TRANSCRIPT(S) TO:

MAIL _____ ☐ Official ☐ Unofficial
(QUANTITY) TRANSCRIPT(S) TO:

Date _____

ID# (or SSN) _____

Birthdate _____

Phone # _____

Last Term Registered _____

OR ☐ Currently Registered

Former names _____

Due to the Family Educational Rights and Privacy Act of 1974, student signature is required for release of transcripts.

STUDENT SIGNATURE:

PERSONAL SIGNATURE REQUIRED

FEES

TRANSCRIPTS

\$10.00 per OFFICIAL transcript

Request may be paid by cashier's checks or money orders. Normal processing time is three to five working days after receipt of request.

MAIL REQUEST TO:

TOUGALOO COLLEGE
OFFICE OF THE REGISTRAR
ATTN: TRANSCRIPTS
500 W. COUNTY LINE ROAD
TOUGALOO, MS 39174

FOR PAYMENT OF THIS REQUEST:

- ☐ My cashier's check/money order is enclosed
- ☐ My credit card receipt # is listed below:
- ☐ Visa
- ☐ Master Card

Credit Card Receipt Number and

Date: _____