

Tougaloo College

TRANSCRIPT REQUEST

Office of the Registrar
 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: _____