



Transcript Request/Authorization

The undersigned hereby authorizes:

- 1) The high school from which the undersigned graduated to provide an official transcript to the Tennessee Technology Center at Shelbyville, or
- 2) The GED (or other high school diploma equivalent) testing center to provide official proof that the undersigned received his/her GED or equivalent to the Tennessee Center at Shelbyville; and
- 3) Each postsecondary institution that the undersigned has attended to provide an official transcript to the Tennessee Technology Center at Shelbyville.

A fax or photo copy of this Transcript Request/Authorization will be considered as effective as the original.

Full Legal Name (print): _____

Name Used While Attending This School (print): _____

Social Security Number: _____

Date of Birth (MM/DD/YY): _____

Current Address (print): _____

City, State, Zip (print): _____

Telephone Number: _____

Email Address: _____

Student Signature: _____

Postsecondary Institutions:

Please indicate all postsecondary institutions you would like your official transcript to be sent to (if you indicate that you want the transcript to be sent to your address, it will not be considered official):

1.

_____	_____ to _____	_____ (_____) _____
Name of School or Center	Dates of Attendance	Phone Number
_____	_____	_____
Name(s) used while attending	School or Center Address	City, State

2.

_____	_____ to _____	_____ (_____) _____
Name of School or Center	Dates of Attendance	Phone Number
_____	_____	_____
Name(s) used while attending	School or Center Address	City, State

Please indicate all postsecondary institutions attended (including while in the military) from whom you would like us to receive a copy of your official transcript.

1.

_____	_____ to _____	_____ (_____) _____
Name of School or Center	Dates of Attendance	Phone Number
_____	_____	_____
Name(s) used while attending	School or Center Address	City, State

2.

_____	_____ to _____	_____ (_____) _____
Name of School or Center	Dates of Attendance	Phone Number
_____	_____	_____
Name(s) used while attending	School or Center Address	City, State

High School or GED Test Center:

_____	_____	_____
Name of School or Center	City	State

_____	_____	_____
Student's name(s) used while attending	Please indicate: High School Diploma or GED	Month/Year