



Transcript Request Form

STUDENT INFORMATION

Name: _____

First

Middle

Last

Maiden or Other Previous Name(s)

Social Security Number _____ Date of Birth: _____

Current Mailing Address: _____

Phone Number: _____ Email: _____

PREVIOUSLY ATTENDED COLLEGE OR UNIVERSITY INFORMATION

Name of Previous School: _____

City: _____ State: _____

Last Term of Attendance: _____

AUTHORIZATION TO RELEASE TRANSCRIPT TO CARSON-NEWMAN UNIVERSITY

By affixing my signature below, I request that you securely transmit/email my official transcript to swilkerson@cn.edu if possible or mail my official academic transcript to:

Carson-Newman University
Office of Admissions
1646 Russell Avenue
Jefferson City, TN 37760

Signature of Requesting Student: _____ Date: _____

* If there will be a fee for the transcript or if there are holds or other issues that prohibit this request from being processed, please contact Carson-Newman Transfer Coordinator, S. Clay Wilkerson at 865-471-4652 or swilkerson@cn.edu regarding this issue.