

CARSON-NEWMAN UNIVERSITY

Unofficial Transcript Request

Issued to FORMER or CURRENT students only

* (Student Information)

Student ID# _____

First	Middle	Last
Street (or) P.O. Box		
City	State	Zip

Social Security# _____ - _____ - _____

Date of Birth _____ / _____ / _____

Phone# (____) _____ - _____

Email address _____@_____._____

Last Year enrolled at Carson-Newman? _____ Undergraduate Graduate Dual Enrollment

Maiden (or) other name/s while attending _____

* (Select one)

Mail unofficial copy to student address above

Pick-up unofficial copy(s) x _____

E-Mail unofficial copy to student _____@_____._____

Student Signature: _____ **Date:** _____

Mail form to: Office of the Registrar
C-N Box 71985
Jefferson City, TN 37760

(or) **Fax form to:** Office of the Registrar
(865) 471-2013

*****REGISTRAR*****

Unofficial Copy Issued To Student

Date: _____
