

Carson-Newman University
Unofficial Transcript Request

Issued to former or current students only

Full Name _____ Student ID# _____

Address _____ Soc Sec # _____

_____ Date of Birth _____

Phone # _____

Other name/s while attending _____

Email address _____@_____._____

Last year enrolled at CN _____ Undergraduate Graduate Dual Enrollment

****Select One****

Can be released to Student ONLY

Mail unofficial copy to student address above

Pick up unofficial copy

Email to student email _____@_____._____

Student Signature _____ Date _____

Mail form to: Carson-Newman University
Registrar's Office
1646 Russell Ave
Jefferson City, TN 37760

(or)

Fax form to: Registrar's Office
(865) 471-2013

Completed by: _____

Date: _____