

Business Office - Transcripts  
1000 Seventeenth Avenue North  
Nashville, TN 37208  
Phone: 615-329-8546



### ACADEMIC TRANSCRIPT REQUEST

Please complete **all** information and fax form to **615-329-8715**, mail form to the address above,  
or email to **transcript@fisk.edu**.

**Official \$5.00** \_\_\_\_\_  **Unofficial \$3.00** \_\_\_\_\_  **Fax \$7.00** \_\_\_\_\_

Please state number requested for each type of transcript listed above  
For payment inquiries, please contact the Cashier/Business Office at 615-329-8546.

**All Academic Transcript Request forms that are sent via mail, email or fax must be accompanied with a PHOTOCOPY of your I.D. (Driver License or Student I.D. preferred).**

Date Requested: \_\_\_\_\_ Total Number of Transcripts Requested \_\_\_\_\_  
Student ID or SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

Are you currently enrolled at Fisk:  Yes  No If not, list dates of attendance: \_\_\_\_\_

#### Reason for Request

\_\_\_ Graduate School Application \_\_\_ Transfer \_\_\_ Personal Copy \_\_\_ Internship \_\_\_ Scholarship  
\_\_\_ Other \_\_\_\_\_

#### Transcripts may be mailed or picked up from the Office of the Registrar.

Release transcript(s) to the following (Attach additional addresses if necessary):

Name \_\_\_\_\_ Number of copies \_\_\_\_\_  
Address 1 \_\_\_\_\_  Mail  
Address 2 \_\_\_\_\_  Pick up  
City, State Zip \_\_\_\_\_  Fax

Name \_\_\_\_\_ Number of copies \_\_\_\_\_  
Address 1 \_\_\_\_\_  Mail  
Address 2 \_\_\_\_\_  Pick up  
City, State Zip \_\_\_\_\_  Fax

\*\*\*Place Photocopy of I.D. here \*\*\*

**Office Use Only:**

Date: \_\_\_\_\_ Date mailed: \_\_\_\_\_

By: \_\_\_\_\_

