

Emmanuel Christian Seminary at Milligan College

Official transcript request form for non-current ECS students

Address: Academic Dean of the Seminary
P O Box 550
Milligan College TN 37682

PHONE: 423-461-1522

FAX: 423-926-6198

EMAIL: lkwright@milligan.edu

INSTRUCTIONS: Please print legibly. If this form is not completely filled out, the request will not be filled. You may mail, fax, scan/email or bring this completed and SIGNED form to the Registrar's Office. Official transcripts of the student's academic record at Emmanuel Christian Seminary are furnished only upon the request of the student. Requests must be submitted to the Registrar's Office and must be signed by the student. Transcripts are withheld if the student or alumnus has an unsettled obligation to the college. There is no charge for transcripts.

If you are a **current seminary student**, please contact the Registrar's Office at 423.461.8729 or at Registrar@milligan.edu.

NAME: _____ SSN: _____
(Include name while attending Emmanuel)

Current Address: _____ Telephone: _____
_____ Fax: _____
_____ Email: _____

Approximate dates of enrollment: _____ Year of Graduation (if applicable): _____

Official Transcripts must be mailed or picked up in person. Please select your preferred option.

| | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Mail to home address listed above |
| <input type="checkbox"/> | Mail to address(es) listed below |
| <input type="checkbox"/> | Hold for personal pick up |

| Address 1 | Address 2 |
|-----------|-----------|
| | |
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| | |

Unofficial Transcripts: Please select how you wish to receive your unofficial transcript.

| | | | |
|--------------------------|-----------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Hold for pick up | <input type="checkbox"/> | Fax to number listed above |
| <input type="checkbox"/> | Mail to home address listed above | <input type="checkbox"/> | Emailed to address listed above |

Signature: _____ Date: _____

NOTICE: Signature is **REQUIRED** for release of records. Before a transcript can be released, the Registrar's Office must clear the request with the Office of Student Financial Services.

Date Transcript Sent: _____