



Cumberland University

Registrar's Office
One Cumberland Square
Lebanon, TN 37087-3554
(615) 444-2562 Fax: (615) 444-2569



TRANSCRIPT REQUEST FORM

STUDENT INFORMATION:

NAME: _____
(Please include all married/maiden names)

SOCIAL SECURITY #: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____

PHONE: _____

TRANSCRIPT REQUEST INFORMATION:

PLEASE PROCESS: ___ASAP ___HOLD FOR GRADES ___HOLD FOR DEGREE

THERE IS A \$5.00 CHARGE FOR EACH TRANSCRIPT REQUEST!

PAYMENT MUST ACCOMPANY REQUEST

___ Number of Transcripts

Send To:

SIGNATURE: _____

TODAY'S DATE: _____

- Please allow five working days during the semester and seven days during peak times for your transcript request to be processed
- Transcripts will **not** be issued to anyone who has a financial obligation to Cumberland University
- Cumberland University complies with all provisions of the Family Educational Rights and Privacy Act of 1974 dealing with the release of educational records

OFFICE USE ONLY

We are unable to process your request because of the following obligation:

___ Accounts Receivable

___ Payment must accompany request

___ Admissions