TRANSCRIPT REQUEST FORM

Johnson UNIVERSITY
TENNESSEE • FLORIDA • ONLINE

Last Name First Name Middle Initial Maiden Name Other Last Names

Street Address Apt./Suite/Unit

City State Zip Daytime Phone
( ) -

E-Mail Address Date of Birth (mm/dd/yyyy)
/ /

Are you currently enrolled at Johnson? ___Yes ___ No Term/Year Last Enrolled:_____

FIRST REQUEST: ___Official ___Unofficial How many at this address?_____

REASON FOR REQUEST: ___Transferring ___Grad School ___Job Application

___Scholarship ___Insurance ___Other:_____

SEND TO (print complete address):_____

SECOND REQUEST: ___Official ___Unofficial How many at this address?_____

REASON FOR REQUEST: ___Transferring ___Grad School ___Job Application

___Scholarship ___Insurance ___Other:_____

SEND TO (print complete address):_____

❑ Delay sending transcript(s) until_____
(i.e. – graduation, end of semester, course completion – give date)

I authorize the release of my transcript to the addresses listed above. **Signature required.**

Signature Date

All financial obligations to Johnson University must be satisfied before a transcript is released. There is no charge for transcripts.

To deliver this form, or if you have questions, please contact:

TN Campus Location: PW 209
Phone: 865-251-2230
Fax: 865-251-2147
Email: RegistrarTN@JohnsonU.edu

FL Campus Location: Chapman
Center Phone: 407-569-1336
Fax: 321-206-2007
Email: RegistrarFL@JohnsonU.edu