

# TRANSCRIPT REQUEST FORM



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? \_\_\_\_\_

\*Transcripts become unofficial if faxed or emailed

**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? \_\_\_\_\_

\*Transcripts become unofficial if faxed or emailed

**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. **Physical signature required. Electronic signatures not accepted.**

Signature                      Date

All financial obligations to Johnson University must be satisfied before a transcript is released. There is no charge for transcripts. **Please allow 5-7 business days for your request to be processed.**

**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  
Email: RegistrarFL@JohnsonU.edu