



**Division of Continuing Education  
& Economic Development**

1480 Nashville Pike, Gallatin, TN 37066-3188  
Office: 615-230-3358 Fax: 615-230-3362

**Request for Continuing Education, Non-Credit Transcript**

<b>Student Number</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Day Phone Number</b>		<b>Email</b>		

Are you currently enrolled?

Yes

No

If "no", what term did you last attend? \_\_\_\_\_

Number of Transcripts Requested:

Process:  Immediately

Hold for Current Term Grades

Do you need continuing education, non-credit course records prior to 1989?

Yes

No

Mail Transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to: \_\_\_\_\_ ATTN: \_\_\_\_\_

I hereby give my permission to send my transcript to the person/agency indicated above.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Please allow 5 working days for transcript service.**

**If you have any questions, please contact us at (615) 230-3358 (toll free: 1-888-335-8722, ext. 3358).**

<b>For Office Use Only</b>		
<b>Type of Transcript Issued</b>	<input type="checkbox"/> Student Copy	<input type="checkbox"/> Official Copy
<b>Date Mailed or Faxed:</b>		
<b>Transcript NOT Issued Due To:</b>		
<b>Transcript Information Checked By:</b>		
<b>Transcript Released By:</b>		