



Office of Human Resources

TRANSCRIPT REQUEST FORM

Print Name: _____

Name on Transcript (if applicable): _____

Social Security Number: _____

University / College:

Degree Earned:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

High School: _____ Diploma ___ GED ___

Certification: _____

Licensure / Membership / Registration: _____

I understand that an official transcript must be submitted. **Failure to provide proof of educational requirements within 30 days of hire may be considered sufficient cause for dismissal.** Please submit official transcripts directly to:

**Volunteer State Community College
Attn: Office of Human Resources
1480 Nashville Pike
Gallatin, TN 37066**

If the institution participates in electronic transcripts, please submit the transcript directly to:

jobs@volstate.edu

Note: All "official" transcripts must be submitted in a sealed envelope. Transcripts identified as "student copy" or "issued to student" are not considered official.

Signature: _____ Date: _____

cc: Employee