ACADEMIC RECORD REQUEST

TO THE APPLICANT: Complete the information below and send this form to the registrar of each college and university you have attended. Request one copy of your official academic record to be sent directly to the address below.

University of Tennessee Health Science Center
Office of Enrollment Services
910 Madison, Suite 525
Memphis, TN 38163

Name: _____
Last First Middle
If attended under a name other than above, give other name:

Current address:

Social Security number: _____-_____-_____

Name of College or University: _____

Dates of enrollment: From _____ to _____
Month/Yr. Month/Yr.

Degree and Major: _____

TO THE REGISTRAR: The person named here is applying for admission into the Department of Dental Hygiene at the University of Tennessee Health Science Center. We appreciate your cooperation in our application process. Please return the transcript in a **SEALED** envelop to the Admissions Office, University of Tennessee Health Science Center,