

DATE _____

To: The Registrar

Name/Address of
University Attended _____

Name by which I
was enrolled _____

(Last) (First) (Middle) (Maiden)

Date of Enrollment _____ Social Security No. _____

(Semester) (Year)

Present Address _____

(Street) (City) (State) (Zip)

Please send an official transcript to:
The Department of Continuing Studies
Union University
1050 Union University
Box 1888
Jackson, TN 38305-3697

Please bill any charges to the student's address above.

I authorize release of my academic transcripts to Union University's Department of Continuing Studies:

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