



OFFICE OF REGISTRATION AND RECORDS

Sullins College Transcript Request
1350 King College Road
Bristol, Tennessee 37620

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD
FROM SULLINS COLLEGE

Date: _____

Official Name: _____

Name While Attending Sullins: _____

Present Address: _____

Contact Number or Email Address: _____

In case we need to contact you please complete the contact number or email address.

Social Security Number: _____ Date of Birth: _____

Signature: _____

*THERE IS NO CHARGE FOR SULLINS COLLEGE TRANSCRIPTS.

Print COMPLETE address to which transcript is to be sent:

(NOTE: If you have a list of multiple mailing addresses, you may attach it to this form. Make sure it is legible.)

Four horizontal lines for printing the complete address.

Number of Transcripts: _____

I am

[] a graduate of Sullins College.

[] was enrolled at Sullins College

Payment:

Check or Money order payable to King University

Mail to:

King University, Office of Registration and Records
Sullins College Transcript Request
1350 King College Rd
Bristol, TN 37620

Please check the appropriate boxes:

I am

[] Applying to graduate school.

If so, where? _____

[] Transferring to another school.

If so, where? _____

[] Applying for a job.

If so, where? _____

[] Other _____