



# Tomlinson College Transcript Request

To receive your transcript - mail, email or fax completed, signed form.  
*(Please print plainly)*

Full Name: \_\_\_\_\_

Maiden Name or Other Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Program: \_\_\_\_\_ Degree Received:  Yes  No

If you attended a TC Extension School, list location and date.

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Official Transcript

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

Requesting Unofficial Transcript (student copy)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(Required)*

Date Needed: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Request must be signed by student)*

There is no charge for transcripts.

Please send your transcript request to:

Mail: Accredited Ministry Development – Transcript Request  
Church of God of Prophecy  
PO Box 2910  
Cleveland, TN 37320-2910  
Email: amd@cogop.org  
Fax: 423.559.5323  
Phone: 423.559.5336

