

MIDDLE TENNESSEE SCHOOL OF ANESTHESIA



Official Transcript Request Form

Please only use this form if you would like us to mail a copy of your official transcript.

Electronic transcripts can be ordered using this link*:

<https://tsorder.studentclearinghouse.org/school/ficecode/00778300>

**Due to extended delays experienced with USPS, we recommend requesting electronic transcripts, whenever possible.*

Please fill out all information, sign, then send the completed form to:

Email: verifications@mtsa.edu,

Fax: (615)732-7671

Mail: MTSA

RE: Transcript Request

P.O. Box 417

Madison, TN 37116

Last Name: _____ First Name: _____

Middle Name: _____ Name when enrolled (if different from above): _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Check here if you would like us to update your address in our records.

Current Daytime Phone (including area code): _____

Graduation Year: _____ D.O.B: _____

Last 4 Digits of SSN (For identity verification): _____

Signature (REQUIRED): _____

Mail Transcripts to: (If different than above)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

There is no charge for transcripts.

Please allow up to 3 days to process your transcript request once we receive it.

If you need additional information, please reach out to
Caroline Bizot at (615)732-7853 or verifications@mtsa.edu.