

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](mailto:verifications@mtsa.edu)

**Fax:** (615)634-4290

**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 the Registrar's Office at 615-732-7665 or [verifications@mtsa.edu](mailto:verifications@mtsa.edu).