



# TRANSCRIPT REQUEST FOR ADMISSION

PLEASE PRINT

PLEASE GIVE THIS FORM TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR OR COLLEGE REGISTRAR  
TO REQUEST YOUR TRANSCRIPTS BE MAILED TO MEMPHIS COLLEGE OF ART.

NAME

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SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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LAST TERM ENROLLED

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FORMER NAME IF APPLICABLE

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STUDENT SIGNATURE

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DATE

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PLEASE SEND A COPY OF MY OFFICIAL TRANSCRIPT TO:



**Memphis College of Art**

Admissions Department

1930 Poplar Avenue / Overton Park

Memphis, TN 38104-2764