



TRANSCRIPT ACKNOWLEDGEMENT FORM

My signature below serves as verification that I have requested that a copy of my original transcript (s) for ALL institutions attended be mailed to the address below within the next 30 days:

Trenholm State Community College
Office of Human Resources
P.O. Box 10048
Montgomery, AL 36108

Employee: _____

Date requested: _____

Please return this form to HR within 7 business days after hire.