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MILLSAPS COLLEGE
UNOFFICIAL TRANSCRIPT REQUEST FORM

Date: _____

Please send a copy of my unofficial transcript to:

Address/or email/or fax

Personal information while in attendance at Millsaps College:

Name attended under _____

Social Security number _____

Date of Birth _____

Dates of attendance _____ to _____

Daytime telephone number: (____) _____ - _____

Thank you,

Print name _____

Student Signature _____

Records Office Use Only

Date Processed _____

Form last updated: 11/7/2014