

Master Account Request Relias Learning Transcripts

Learner First Name: [Click here to enter text.](#)

Learner Last Name: [Click here to enter text.](#)

Last 4 of SSN of the Learner: [Click here to enter text.](#)

User Name(s) to be activated – if known: [Click here to enter text.](#)

OLD Agency/Agencies: [Click here to enter text.](#)

Current Master Account OR Learner's Email Address to be used for Master Account:

[Click here to enter text.](#)

Knows Current Master Account Password: Yes _____ No _____

Learner's Phone Number: [Click here to enter text.](#)

RLMS Administrator (First & Last Name): [Click here to enter text.](#)

RLMS Administrator's Agency: [Click here to enter text.](#)

RMLS Administrator's Email: [Click here to enter text.](#)

RMLS Administrator's Phone #: [Click here to enter text.](#)

Please type in form and email to DIDD.ISQA@tn.gov