



For office use only
 Paid: _____
 Date sent: _____

McMinn County High School Transcript Request Form

Last Name First Name Middle Name

School ID: _____ Graduation Year: _____

Today's Date: _____ Date of Birth: _____

- Check here if you are a current senior.
- Check here if you will pick up your transcript at MCHS.
- Check here if you submitted your transcript request electronically (via Common App, Sendedu, etc.)
 and please provide the MCHS counselor's name you used: _____

School and address (or email) to send transcript:

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***Please allow one week for your request to be processed.**