



**DeKalb County High School  
Transcript Request Form**

**Complete this form and Mail \$2.00 in Cash or Check made Payable to DCHS**

**Mail to: DCHS Records  
1130 West Broad Street  
Smithville, TN 37166**

Name while attending DCHS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Year of graduation  
or dates of attendance: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

I request that DeKalb County High School send a copy of my high school transcript  
to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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