

Office Use Only
Date received _____
Paid _____
Date sent _____

Central High School of McMinn County

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Last Name First Name M.I. (Maiden Name)

Phone Number: _____

Date of birth: _____

Last year in attendance: _____ Did student graduate/earn GED? () Yes () No

There is a \$2.00 fee for students not currently enrolled

Address where transcript is to be mailed: Address where transcript is to be mailed:

Number where transcript is to be faxed: Number where transcript is to be faxed:

Signature of parent/guardian OR student Date

Send requests to:

Central High School of McMinn County
c/o Counseling Office
145 County Road 461
Englewood, TN 37329
Fax: (423) 263-0399

If you have any questions, please call the Central High School Counseling Office at (423) 263-5541 ext. 113.