



For office use only
Date rcvd: _____
Paid: _____
Date sent: _____

McMinn County High School Transcript Request Form

Last Name First Name M. I. Maiden Name

Phone Number: _____ Date of Birth: _____

Graduation year: _____

Check here if you will pick up your transcript at MCHS.

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:

*A fee of \$2.00 must be paid before transcripts will be released/mailed. All checks should be made payable to: **McMinn County High School**. Please mail payment and request form to:

McMinn County High School
Attn: Transcript Request
2215 Congress Parkway
Athens, TN 37303

Transcript request forms may also be faxed to: 423-745-0584 (Attn: Transcript Request) or emailed to: kwaters@mcmminnschools.com

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