

Transcript Request Form

Cumberland County Board of Education 368 Fourth Street Crossville, TN 38555
Phone: 931.484.6135 Fax: 931.484.6491



Requesting:
Transcript: _____ GED: _____ Shot Record: _____

Name: _____ Date: _____

Phone Number: _____

Student's Full Name at Time of Attendance:

Date of Birth: _____ Social Security: _____

Did you graduate? _____

Year of Graduation (or last year attended school): _____

Name of School Attended: _____

Where do you want the transcript sent? Please choose one.

Email: _____ Fax: _____

Mail (Name & Address): _____

Will you pick it up? _____