

JOHNSON COUNTY HIGH SCHOOL
ADMINISTRATION
510 FAIRGROUND LANE

Phone: (423) 727-2620

MOUNTAIN CITY, TN 37683

Fax#: (423) 727-2677

TRANSCRIPT REQUEST FORM

Please note: Five days notice is required to prepare transcripts.

Date: _____ Homeroom Teacher: _____

Student's Full Name: _____

Date of Birth: _____ Social Security Number _____

Current Address:

Street: _____

City/State/Zip: _____

Phone Number: _____

I request and authorize Johnson County High School to forward copies of all pertinent school records including, but not limited to transcripts and academic scholarship, test scores, attendance, and health records to the following agency:

Person/agency to receive transcript: _____

Street: _____

City/State/Zip: _____

I understand that this represents my notice that these records are being transmitted and that I may obtain a copy of them if I desire and may have the opportunity to challenge their contents.

Student Signature _____

If under 18 years old, must include parent signature:

Parent Signature _____

All official transcripts will be sent via US Mail unless otherwise indicated below:

_____ Return transcript to my school counselor: _____ for processing.

_____ Fax transcript to agency indicated above. Fax # _____ - _____ - _____

_____ Return transcript to me in sealed envelope to be opened by agency.

_____ Return transcript to me in an unsealed envelope.

_____ Other: _____