

Dickson County High School
Transcript Request Form
(Check one) _____ Current Students _____ Former Student

There is a Transcript/record fee of \$1.00. Make your check payable to Dickson County High School. Please submit this form and the fee **after** you have submitted your admission application to the college/university. If the institution requires the application, recommendation, etc be mailed together, you must submit your completed application at least two weeks prior to the postmark deadline. (Note: A record fee (per page) is charged for copies of other records.)

Please neatly print!

Student's # _____ Student's DOB _____

Student's Legal Name: _____
Last First MI

Previous Name if different than above name _____

Current Grade _____ **or** Graduation Year _____

Select **from** the following options:

_____ Mail Transcript Only _____ Immunization Record

_____ Mail Transcript and Test Scores _____ Other: _____

Send Transcript/Record to:

Name of College _____

Office of Admissions or _____
(Name of specific person)

(Address)

(City, State and Zip Code)

OR

(Fax number)

Postmark Deadline _____ **or** Received by Deadline _____

I authorize the Dickson County Board of Education to release my school records to the above mentioned institution or individual. I understand there is a \$1.00 fee I must pay at the time of request. I understand transcripts are mailed/faxed once a week usually on Thursdays. Request must be received by 8:00am. on Thursday or it will be processed the following Thursday.

Signature _____ Date _____

Contact Information Phone # or email address _____

For Office Use Only!

Date Request Received _____ ID Checked _____

Transcript fee received _____ Transcript Sent _____