

TRANSCRIPT REQUEST



Karns High School

2710 Byington Solway Road
Knoxville, Tennessee 37931

<u>Office Use Only</u>
Date Rec _____
Paid _____
Initials _____
Processed Date _____
E _____ M _____

Current Students: Scan QR code above to complete form online

*Complete ALL information below and return this form to the Counseling Office.
Parents are not able to obtain transcripts for students 18 or older.*

FULL NAME: _____

Student ID Number: _____ Class of: _____

Date of Birth: _____ Phone Number: _____

*Send transcript to:
(complete if school is not listed)*

- ETSU
- Maryville College
- MTSU
- Pellissippi State
- Roane State
- TN College of Applied Tech
- University of TN Chattanooga
- University of TN Knoxville

College: _____

Address: _____

_____ \$5.00 per final transcript (current students and alumni)

I authorize KHS Counseling Office to send this information to the institution(s) listed above.

Student Signature

Date

~PLEASE ALLOW 48 HOURS FOR PREPARATION OF TRANSCRIPT ~