

TRANSCRIPT REQUEST



"Reaching and Achieving Beyond Excellence"

KARNS HIGH SCHOOL

2710 Byington Solway Road
Knoxville, Tennessee 37931

Complete ALL information below and return this form to the Counseling Office.

FULL NAME: _____

Student ID Number: _____ Class of: _____

Date of Birth: _____ Phone Number: _____

Last Four Digits Of Social Security Number: _____

Send transcript(s) to:

College: _____ College: _____

Address: _____ Address: _____

Fax: _____ Fax: _____

\$3.00 per transcript attached

One transcript per year is provided free for currently enrolled/active students. All others and subsequent transcripts cost \$3.00 each.

I authorize KHS Guidance Office to send this information to the institution listed above.

Student Signature

Date

~PLEASE ALLOW 48 HOURS FOR PREPARATION OF TRANSCRIPT ~