

TRANSCRIPT REQUEST



"Reaching and Achieving Beyond Excellence"

KARNS HIGH SCHOOL

2710 Byington Solway Road
Knoxville, Tennessee 37931

Office Use Only

Date Rec _____

Paid _____

Initials _____

Processed Date

E _____ M _____

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:

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

College: _____

Address: _____

_____ **\$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 Counseling Office to send this information to the institution listed above.

Student Signature

Date

~PLEASE ALLOW 48 HOURS FOR PREPARATION OF TRANSCRIPT ~