

JOHNSON CITY SCHOOLS

TRANSCRIPT/SHOT RECORDS REQUEST

This form is for transcripts prior to August 2012. Records from August 2012 forward can be accessed from the Transcript Request section of the SHHS Counseling website.

To avoid delay in processing, please fill in all relative information.

Name of Student: _____ Phone #: () _____ - _____

Name of Student while in school, if different: _____

Maiden Name, if applicable: _____

Date of Birth: _____

Last Four of Social Security #: _____

Name of Last Johnson City School Attended: _____

Date Graduated/ Attended thru: _____

Please fax my transcript to: () _____ - _____ Attn: _____

I will be picking my transcript up. Please contact me: () _____ - _____

Please mail my transcript to the following address:

_____ (Name of Institution)

_____ (Address Line 1)

_____ (Address Line 2)

_____ (City, State, Zip)

ATTN: _____ Phone Number : () _____ - _____

Other: _____

Student's Signature

Date

**** PLEASE ALLOW 3-5 WORKING DAYS FOR YOUR REQUEST TO BE PROCESSED. ****
Fax your request to (423) 218-4968/0545 or e-mail it to mcclintong@jcschools.org or nalbonea@jcschools.org or mail it to: Johnson City Schools, Attn: Records Keeper, P.O. Box 1517, Johnson City, TN 37605

Office Use Only

Completed By: _____ Date: _____