## Sequatchie County High School Guidance Department P.O. Box 759, Dunlap, TN 37327

(423) 949-8221 Phone

(423) 949-5164 Fax

## TRANSCRIPT REQUEST

Date:	Year of Graduation:
Name at time of <b>Gradu</b>	ation:
Name at the time of Rec	quest
Phone number where I r	may be reached during the day if needed:
Birthdate:	Last four numbers of Social Security #
Please send a copy of m	y transcript at the earliest possible date to:
Laiva my parmission fo	r Sequatchie County High School to mail my records to the above
address.	i sequateme County Fign School to man my records to the above
	Signature
	Signature

## \$2.00 for each copy requested

Must be paid at time of request

Allow 3 working days for request to be filled.