

**Dickson County High School**  
**Transcript Request Form**  
(Revised April 19, 2018)

**There is a Transcript/record fee of \$1.00.** Make your check payable to Dickson County High School. Please submit this form and the fee **after** you have submitted your admission application to the college/university.

**Check one:** \_\_\_\_\_ Current Students \_\_\_\_\_ Former Student

**Fill In one:** \_\_\_\_\_ Current Grade or \_\_\_\_\_ Graduation Year

**Please neatly print!**

Student's Legal Name: \_\_\_\_\_  
Last First MI

Previous Name if different than above name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Select from the following options:**

\_\_\_\_\_ Mail Transcript Only \_\_\_\_\_ Mail Transcript & Test Scores \_\_\_\_\_ Other: \_\_\_\_\_

**Send Transcript/Record to:**

Did you use SENDedu or Common App to complete your application and/or a request for transcript? \_\_\_\_\_

Name of College \_\_\_\_\_

Office of Admissions Address \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

Does your application have a specific postmark deadline **or** received by deadline? Yes or No If so, when is the deadline? \_\_\_\_\_

Do you need a copy of your immunization record? \_\_\_\_\_ **If so, there will be a \$1.00 fee.**

**We will not send your immunization record to a college since often other health information is needed by the college. However, you can request a copy of your immunization record.**

Provide your mailing address to send immunization records to:

\_\_\_\_\_  
\_\_\_\_\_

**I authorize the Dickson County High School to release my school records to the above mention institution or individual. I understand there is a \$1.00 transcript fee I must pay at the time of request. I understand transcripts are generally mailed once a week on Thursdays. (This doesn't include transcripts that must be sent with Secondary School Report and/or Counselor's Recommendation-allow for at least ten (10 business days for Secondary School Report/Counselor Recommendation to be completed.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if student is under 18 years old)

Contact Information Phone # or email address \_\_\_\_\_

**For Office Use Only!**

Date Request Received \_\_\_\_\_ ID Checked \_\_\_\_\_

Transcript fee received \_\_\_\_\_ Transcript Sent \_\_\_\_\_