



Franklin High School
Counseling Center
810 Hillsboro Road
Franklin, TN 37064

Transcript Request Form

A fee of \$2.00 is required to process transcript requests.
Please check the box that indicates how this transcript is to be processed.

Mail OR Pick-Up

| | |
|---|--|
| Date of Request: | |
| Full Name: | |
| Maiden Name (if applicable): | |
| Date of Birth: | |
| Daytime Phone Number: | |
| Year of Graduation or Last Attendance | |
| Name & Address of Institution to Which the Transcript Will Be Sent: | |

The Transcript will be marked to the attention of the admission office of the listed institution unless otherwise requested to be sent to a different location.

I understand that a complete official transcript will include my Grades as well as my PSAT/PLAN,/ACT, and / or SAT score.

Signature _____