



NOLENSVILLE HIGH SCHOOL TRANSCRIPT REQUEST

Please attach \$2.00 for each transcript requested or pay online at

<https://wcs.schoolcashonline.com/Fee/Details/15202/372/False/True>

Allow 3-5 school days for processing from the time the request is received.

PLEASE PRINT ALL INFORMATION

Name: _____
Last First Middle (Maiden)

Student Phone Number: _____ Student Date of Birth ___ / ___ / _____

Graduation Date: ___ / ___ / _____

Check One: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduated

Check One: ___ Paper Copy of Transcript ___ PDF of Transcript emailed to you ___ Both

Student Email Address: _____

I hereby authorize Nolensville High School to release my transcript to the requested college/institution listed below. **Please note: NHS **will not** send test scores. Test scores can be sent through ACT.org and Collegeboard.org. All test scores must be sent directly from the testing agency.*

Student Signature: _____

Please deliver transcript to: (check one)

___ STUDENT (Student is responsible for picking up transcript in the Counseling Center).

___ COLLEGE OR OTHER INSTITUTION (Please provide complete name, city, and state of college or institution.)

1. _____
2. _____

Please send this completed form along with your payment to:

**Nolensville High School Counseling Center
Attn: Registrar
1600 Summerlyn Drive,
Nolensville, TN 37130**

FOR OFFICE USE ONLY:

Date Received: ___ / ___ / _____ Date Mailed / Issued: ___ / ___ / _____ Issued By: _____