

Page High School
6281 Arno Road; Franklin, TN 37064
615-472-4738; fax: 615-472-4752

Transcript Request

Please attach \$2.00 to each request form.

We will accept cash, check, or online payment at the following: <http://osp.osmsinc.com/WilliamsonTN>
(please allow 5 school days for processing)

PLEASE PRINT ALL INFORMATION

Full Name at time of graduation: _____
(Maiden Name) *Phone # where you can be reached*
_____ *Email Address*

College Name: _____

College Address: _____, _____, _____, _____
and Street *City* *State* *Zip*

Only if your school allows your transcripts to be faxed, include fax number _____

I am a:

- Current Student _____
- Graduate (Date of graduation _____)

- Send an official copy of my transcript
 Send Secondary School Report or Counselor's Report (if required) – must be completed and attached to this form!
 Send an unofficial copy

Note: Immunizations must be sent by parent or health provider

We will not send test scores. All test scores must be sent directly from the testing agency.

*I hereby authorize **Page High** to release my transcript to the requested College/Institution.*

Parent signature _____ Date of request _____

Student signature, if 18 or older _____

For Office Use Only

Date Received: _____ Date Faxed or Mailed: _____

\$2.00 Fee Paid: _____

Notes: _____