

Independence High School

Transcript Request

Please include \$2.00 (check or cash) with this request form. One form per transcript request.

PLEASE PRINT ALL INFORMATION

Full Legal Name: _____

Signature: _____

Year of Graduation: _____ Date of Birth: _____

Transcript to be sent to: _____

Full Mailing address: _____

Test scores can be sent through www.act.org and www.collegeboard.org.

We do not send test scores.

Mail this completed request with payment to:

Independence High School
Registrar
1776 Declaration Way
Thompson's Station, TN 37179