

TRANSCRIPT REQUEST FORM
(Please allow 5 days for request to be filed)

Greeneville High School
210 Tusculum Blvd.
Greeneville, TN 37745
(423)787-8034

Name _____
(Full name while attending GHS)
Class of _____

Today's Date _____
Date to be Sent _____
Soc.Sec.# _____
Date of Birth _____

Transcript to: _____

**PLEASE INDICATE COMPLETE ADDRESS
FOR OUT-OF-STATE SCHOOLS.**

Give to Mrs. Thompson _____
Send to student _____
Mail _____

Signature _____
Phone # _____