Request for Transcript

Franklin County High School

833 By Pass Road Winchester, TN 37398

Attention: Counseling Office

Phone Number: (931)-967-2294

Fax: (931)-968-0033

<u>Seniors:</u> Complete form <u>AFTER</u> you have applie	ed to college/university and return to the Counseling Office.
Name:	
	e at time of graduation
Maiden Name:	
Graduation Year:	Phone #:
Date of Birth:	
Please send a co	py of my transcript to:
College and email address:	
Date:	
Signature:	