

# Request for Transcript

## Franklin County High School

833 By Pass Road  
Winchester, TN 37398

**Attention: Counseling Office**

[counseling-office@fcstn.net](mailto:counseling-office@fcstn.net)

Phone Number: (931)-967-2294

Fax: (931)-968-0033

Seniors: Complete form AFTER you have applied to college/university and return to the Counseling Office.

**Name:** \_\_\_\_\_

*Please print full name at time of graduation*

**Maiden Name:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

***Please send a copy of my transcript to:***

College and email address: \_\_\_\_\_

College and email address: \_\_\_\_\_

College and email address: \_\_\_\_\_

College and email address: \_\_\_\_\_

College and email address: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_