

Records Request Form

Cumberland County Board of Education Fourth 368 Street Crossville, Tn 38555

Phone: 931.484.6135 Fax: 931.484.6491

Date: _____

Name: _____

Phone Number: _____

Student's Full Name at Time of Attendance:

Date of Birth: _____ Social Security: _____ Did you graduate? _____

Graduation Year (or the last year attending school): _____

Name of School Attended: _____

Requesting:

Transcript: __ GED: __ Shot Record: __ Birth Certificate: __ SS Card: __

Please choose one:

- Pick up: _____
- Fax Number: _____
- Email: _____
- Mail (Name & Address): _____

