



Transcript Request Form

Cumberland County Board of Education 368 Fourth Street Crossville, Tn 38555
Phone: 931.484.6135 Fax: 931.484.6491

Date: _____

Requesting - Transcript: _____ GED: _____ Shot Record: _____

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: _____

Please choose one:

Pick up: _____

Email: _____

Fax: _____

Mail (Name & Address): _____
