

**JOHNSON COUNTY SCHOOLS**  
211 North Church Street ♦ Mountain City, TN 37683  
(423) 727-2640 ♦ FAX (423) 727-2663  
[www.jocoed.k12tn.net](http://www.jocoed.k12tn.net)

**REQUEST FOR SCHOOL TRANSCRIPTS**

I hereby request a copy of my school records/transcripts.

Please furnish the following information and sign the request. Include maiden and married name if female.

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Parents name: \_\_\_\_\_

Last Date Attended or Date of Graduation \_\_\_\_\_ Name of school: \_\_\_\_\_

Please mark the following

\_\_\_\_\_ I will pick up my records.

\_\_\_\_\_ Please mail to the above address.

\_\_\_\_\_  
Signature of Person Requesting Records

**\*\*\*Please allow 3 days to process this order\*\*\*Transcripts are pulled each Thursday\*\*\***

-----

If you are requesting someone, other than yourself, to pick up your records, please complete the following.

I, \_\_\_\_\_ hereby authorized \_\_\_\_\_,  
(Name of Person Requesting Records) (Name of Person Picking Up Records)

who is my \_\_\_\_\_ to pick up a copy of my school records/transcripts.  
(Relationship)

\_\_\_\_\_  
Signature of Person Requesting Records

\_\_\_\_\_  
Signature of Person Picking Up Records