

ARLINGTON HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Arlington High School
5475 Airline Road
Arlington, TN 38002
Phone: 901-867-1541
Fax: 901-867-6012

Date: _____

Print your Full Name: _____

Valid Phone Number: _____ Graduation Year: _____

Transcript to be sent to (Name of College): _____

Address: _____

City, State, Zip Code: _____

In addition to my transcript, I give permission to release any and all test scores including ACT and/or SAT test scores.

Student Signature: _____

*A \$3.00 processing fee is to be included with this request.

Do not write below this line

Date Request Received: _____

Date Request Processed and Mailed: _____

Initials: _____