

Marshall County High School
661 West Ellington Parkway
Lewisburg, TN 37091

Phone: 931-359-1549 Fax: 931-359-4784

Transcript Request Form

Name: _____ (name at time of graduation)

Address: _____

Date of Birth: _____ Graduation Year: _____

Name and address of Institution to which you want transcript sent:

Signature _____

Date _____

Please print off and mail this completed form to:

MCHS Counseling Center
661 West Ellington Parkway
Lewisburg, TN 37091

or

email to gentryb4@k12tn.net