## TISHOMINGO COUNTY HIGH SCHOOL $REQUEST\ FOR\ TRANSCRIPT$

Today's date: _	
For transcript:	We need the following information in order to process your request as quickly as possible:
	Name while attending Tishomingo County High School (Name on records)
	Date of Birth
	Date of graduation or attendance
Complete name transcripts for s	de/ address of school where transcript is to be sent and/or the number of official scholarships:
Number of Tra	anscripts Requested:
Institution Nar	me:
Institution Add	lress:
Transcripts given	official transcripts will only be mailed to employers, armed services, or academic institutions. to students will be unofficial. An official sealed transcript can be given to a student for ations or if you choose to hand deliver it to a school yourself.
The information o signature below.	n this transcript will not be released to a third party without my consent as indicated by my
Student	's Signature