



The Comenius School Transcript/Document Request Form

Check here if requesting a completed Driver's License/Permit Form (SF-1010) Pick-Up Mail

Student Name: _____

SSN or Birthday: _____

Year of High School Graduation: _____

Note: Requests made for graduated students will incur a \$5 fee per transcript requested.

Reason for Transcript Request: **College** **School Transfer** **Insurance** **Other**
(Circle One)

Names & Addresses* of Colleges/Universities/Organizations/Persons requiring transcript:

1) Name: _____

Address: _____

2) Name: _____

Address: _____

3) Name: _____

Address: _____

* Request will not be processed unless the full school name and address has been provided.

* First 3 colleges are at no charge for currently enrolled students; **additional college requests are \$5 payable with submission of request form** to TCS & mailed to: PO Box 1601 Franklin, TN 37065
Attn: Records

* **Withdrawn** or **Graduated** students must submit **\$5 per request** along with completed transcript request form.

* Attach an additional sheet of paper if more space is required.

**If the request is for a school transfer, is this request for:
Immediate transfer Application Yes / No** (Circle One)

1) School Name: _____

School Email Address: _____

School Fax Number: _____

All requests will be date stamped upon receipt in our TCS office. All requests will be processed in the order in which they are received and mailed within 10 business days of receipt/payment.

Signature of Person Requesting Transcript: _____

Date: _____ Relationship to Student: _____
(If a student is 18 years or older, he/she must sign the request or TCS will not accept the request.)