



The Comenius School Transcript/Document Request Form

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

☐ Email

Student Name: _____

Date of Birth: _____ Year of High School Graduation: _____

Note: Requests made for withdrawn or graduated students will incur a \$15 fee per transcript requested.

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

Names & Addresses/Email Addresses of Recipient*:

1) Name: _____

Email Address: _____

Address: _____

2) Name: _____

Email Address: _____

Address: _____

3) Name: _____

Email Address: _____

Address: _____

* Requests 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 requests are \$15 payable with submission of request form by Venmo or by check mailed to TCS & mailed to: PO Box 682593 Franklin, TN 37068 Attn: Records

* **Withdrawn** or **Graduated** students must submit \$15 per request along with this completed form.

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

Is this request for an immediate school transfer? (Circle One) Yes / No

School Name: _____

School Email Address: _____

All requests will be date stamped upon receipt in our TCS office. Requests will be processed in the order they are received and mailed/emailed 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.)