UNION COUNTY HIGH SCHOOL or HORACE MAYNARD HIGH SCHOOL
Transcript Request Form

Please Print Clearly!

Student ID(SS#)_____ - _____ -_____ Date _____

Name _____
Last First Middle/Maiden

Previous name used at UCHS or HMHS _____

Your Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____
Date of Birth _____ Email address _____

Did you graduate?
Yes, Year you graduated _____
No, earned GED, year earned _____
No, date last attended _____

Please send my transcript: (no charge)
___ As soon as possible ___ After **grades** are posted for current term ___
How to send: ____ By US mail ____ By Fax _____ Fax Number to send to (_____)_____

Please print Clearly!!!

Number of copies to address 1: _____
1.
_____
_____
_____
_____

Number of copies to address 2: _____
2.
_____
_____
_____
_____

- **I understand that the address(es) listed above must be complete or transcript(s) will not be sent.**
- **I certify that I am the above named person requesting transcripts of my academic record.**
- **I understand that the high school may not be able to honor same day requests.**

_____
Signature

Please complete this form and send it by U.S. Mail or Fax to: (Please note that there is NO charge for transcripts.)	Guidance Office Registrar Union County High School P.O. Box 249 150 Main Street Maynardville, TN 37807-0249 Fax: (865) 992-3194