



## CHEROKEE HIGH SCHOOL Transcript Request

1. Complete Name \_\_\_\_\_  
(last name) (maiden name) (first name) (middle)
2. Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_      3. Date of Birth: \_\_\_\_\_
4. Telephone Number: (\_\_\_\_) \_\_\_\_\_      5. Last Year Attended: \_\_\_\_\_
6. Did You Graduate? \_\_\_\_\_
7. Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* There will be a \$1.00 charge per copy of transcript & a \$1.00 charge for processing.**

Number of Transcripts \_\_\_\_ x \$1.00 = \_\_\_\_\_  
Processing / Postage Charge \_\_\_\_ (\$1.00 for each location) x \$1.00 = \_\_\_\_\_

Total \$ \_\_\_\_\_

Name & Address of University & where to send: \_\_\_\_\_  
\_\_\_\_\_

**Mail request and payment to:**

**Cherokee High School  
Records Department  
2927 Highway 66 South  
Rogersville, TN 37857**

**\*Transcripts will not be sent until payment has been received!**  
**Cash or Check only!**