

Huntingdon High School

Transcript Request

Please Print:

Name by which you were officially enrolled at HHS:

(Last) (First) (Middle) (include Maiden if applicable)

Social Security Number _____ Date of Birth _____

Current Name:

(Last) (First) (Middle) (Maiden)

Address _____
(Street Address) (City) (State) (Zip)

Name and Address of Institution your transcript should be sent to:

Date of Graduation from HHS: _____

Request copy of ACT scores in addition to transcript _____ (yes or no)

Request copy of immunization records in addition to transcript _____ (yes or no)

I authorize the release of my academic transcript and all standardized test scores.

(Student signature)

(Date)

Signature must be that of the graduate. Upon receipt of transcript request, your transcript will be mailed out within 5 to 10 business days.

Return this form to:
Huntingdon High School
Guidance Department
476 Mustang Drive
Huntingdon, TN. 38344

(Phone) 731-986-8223 \ (Fax) 731-986-4879