



**DeKalb County High School
Transcript Request Form**

Complete this form and Mail \$2.00 in Cash or Check made Payable to DCHS

**Mail to: DCHS Records
1130 West Broad Street
Smithville, TN 37166**

Name while attending DCHS: _____

Date of Birth: _____

Social Security #: _____

Year of graduation
or dates of attendance: _____

Phone #: _____

Signature

I request that DeKalb County High School send a copy of my high school transcript
to:

