

Cocke County Adult High School



241 Hedrick Drive, Newport TN 37821

Paul Webb/Randy Winter, Teachers

Bryan Douglas, Adult Education Director

Transcript Request

Registrar of applicant's previous school: _____

The following person attended your school and is planning to enroll at CCAHS.

Student's name (including maiden name if appropriate) while attending your school:

Social Security number: ____ -- ____ -- ____

Date of Birth: _____

Last year applicant attended your school: _____

Last grade the applicant completed at your school: _____

Please send the following school records of the student named above:

- 1) Transcript of all grades and credits. **(Fax to: 423-625-1807)**
- 2) Standardized testing records.
- 3) Other pertinent records.

If more information is required, you are welcome to contact:

Paul Webb or Randy Winter at 423-613-0032.

Sincerely,

Bryan Douglas, Director

I grant permission for the release of my school records.

Student's signature: _____ Date: _____