



Richland School
10610 Columbia Hwy.
Lynnville, TN 38472
931.527.3577
931.527.3720 fax

Release of Transcript Form

The following is to be completed IN FULL by the STUDENT.

Date: _____

Student's Name (as shown on birth certificate):

Last: _____ First: _____ MI: _____

Maiden Name: _____

Did you graduate? _____ If so, what year did you graduate? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: (Last 4 digits) XXX-XX-_____

Student Signature _____ **Phone Number** _____

Name of school or other addressee for transcript: _____

Email Address: _____

Mailing Address: _____

_____ City: _____

_____ State: _____ Zip Code: _____

Charge for Transcripts

Allow five (5) business days from date of request for transcript to be sent. For STUDENTS ALREADY GRADUATED OR NOT CURRENTLY ENROLLED AT RICHLAND HIGH SCHOOL \$5.00 is payable at the time of the request.