

HICKMAN COUNTY BOARD OF EDUCATION  
ACCOUNTABILITY DEPARTMENT-ROOM 105  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033  
PHONE (931) 729-3391 EXT. 2224 FAX (931) 729-3834

## REQUEST FOR RECORDS

NOTE TO APPLICANT:

Print, sign, and send or give directly to the Hickman County Schools Accountability Department. Your transcript cannot be sent without signed permission.

I, (student name) \_\_\_\_\_ hereby request

to send a high school transcript, and/or IEP to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TRANSCRIPT INFORMATION:

\_\_\_\_\_  
Name used on School Transcript

\_\_\_\_\_  
Year Graduated or Last Attended

\_\_\_\_\_  
Date of Birth