

Collegiate High Transcript Request

Date:	
High School_	
	Transcript must include final grades for the last term of attendance. Gateway and TCAP Writing Assessment (if applicable), should be included.
College:	Credits earned from dual enrollment
	Credits earned from dual enrollment
Registrar/P	rincipal/Counselor:
Please send a	an official transcript, complete with state assessment scores to:
Colle OMN	egiate High at Chattanooga State
_	l Amnicola Highway
	tanooga, TN 37406 423-697-2676
Social Securi	ty Number:
Date of Birth	:
Date of Last	Attendance:
Student's Sig	mature:
	transcript cannot be located, or if a fee is required, please contact me at the ow. Thank you.
Street Addre	SS:
City:	State: Zip Code:
Phone:	
F11 .a	

E-mail: <u>CollegiateHigh@chattanoogastate.edu</u> Collegiate High Office: 423-697-4492

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