

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

Registrar/Principal/Counselor:

Please send an official transcript, complete with state assessment scores to:

Collegiate High at Chattanooga State
OMNI-21
4501 Amnicola Highway
Chattanooga, TN 37406
Fax: 423-697-2676

Name: _____

Social Security Number: _____

Date of Birth: _____

Date of Last Attendance: _____

Student's Signature: _____

Note: If my transcript cannot be located, or if a fee is required, please contact me at the address below. Thank you.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: CollegiateHigh@chattanoogastate.edu

Collegiate High Office: 423-697-4492