

**DOBYNS-BENNETT HIGH SCHOOL
COUNSELING OFFICE**

Phone: 423-378-8400 Fax: 423-378-8489

Email: dbregistrar@k12k.com

Please fill out the information below to request records.
Allow a minimum of **24 hours** for processing.

NAME: _____
 LAST FIRST MIDDLE MAIDEN

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT PHONE NUMBER: _____

YEAR GRADUATED or LAST YEAR ATTENDED : _____

ITEMS REQUESTED (CHECK ALL THAT APPLY):

_____ TRANSCRIPT

_____ IMMUNIZATION RECORDS

OTHER INFORMATION NEEDED (PLEASE SPECIFY): _____

SEND TO: _____

SIGNATURE: _____

DATE: _____