



# HIGH SCHOOL RECORD REQUEST FORM

## Applicant must:

Complete sections "1" and "2" of this form

Mail or take this form to the High School Guidance Office of your graduating school.

**High school records are needed for all applicants regardless of the applicant's year in college.**

1. MAIL or TAKE TO: \_\_\_\_\_ High School Guidance Office

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. FROM:

Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Last Four Social Security #: \*\*\* - \*\* - \_\_\_\_\_ Year of high school graduation \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Guidance Counselor:

The student above is applying for a scholarship. Please:

### 1. Attach a copy of the student's records

#### A. Transcript

#### B. ACT or SAT Scores

- Complete boxes (on right) with requested information.
- Sign, print and date certification below.

I certify that all of the information on this form is correct, and the student's test scores and transcript are included.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Counselor Print Name

Date: \_\_\_\_\_

Office Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

	GPA	
Public HS <input type="checkbox"/>	Class Rank	
	# in Class	
Private HS <input type="checkbox"/>	ACT (Composite)	
	SAT Critical Reading	
Special or Magnet HS <input type="checkbox"/>	SAT Math	
	SAT Writing	

**This form must be received by February 24, 2012**

Tennessee Grocers Education Foundation  
 Attn: Jennifer Kemp  
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 Nashville, Tennessee 37210-3726