

MCS Independent Study Program Request for:
Certificate for Driver's License
Letter of Reference
Transcript

Please allow two weeks. Rush requests incur a \$25 fee.

Please provide the information below in your email request to Karen at kmetcalf@mcstn.org:

Full name of student _____

Age _____ Birthdate _____ Home phone _____

Address _____

City _____ Zip _____

Social Security Number _____

Please send the following:

_____ Certification of Compulsory School Attendance for learner's permit. (**Valid for 30 days only**) Please call Karen with your student's Social Security Number as it's not wise to send it over the internet (865-984-4073). You may leave it on my answering machine if I am not available.

_____ Letter of Reference and/or transcript for Auto Insurance discount

_____ Other _____

_____ Official Transcript (with school seal)

Send transcript(s) to (Please include complete mailing address):

#1 _____

#2 _____
