

JHS TRANSCRIPT RELEASE



NAME _____
(FIRST) (MIDDLE) (LAST) (MAIDEN)

CURRENT STUDENT: _____ GRADE: _____

PREVIOUS STUDENT: _____ GRAD. YR: _____ DROP YR: _____
CONTACT #: _____ D.O.B. _____

REQUESTING THE FOLLOWING RECORDS:

_____ TRANSCRIPT _____ TESTING INFO _____ HEALTH RECORDS

RELEASE TO COLLEGES/UNIVERSITIES/SCHOLARSHIPS LISTED BELOW:

- 1.) _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)
- 2.) _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)
- 3.) _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)
- 4.) _____
(COMPLETE NAME & ADDRESS MUST BE INCLUDED FOR RECORDS TO BE SENT)

SIGNATURE: _____
(IF UNDER 18 PARENT OR LEGAL GUARDIAN SIGNATURE REQUIRED)

THE FOLLOWING SECTION TO BE FILLED OUT BY SCHOOL OFFICIAL

DATE RECEIVED: _____ DATE SENT: _____

I.D. VERIFIED: _____ SIGNATURE OF SCHOOL OFFICIAL: _____