

**JACKSON HIGH SCHOOL  
REQUEST FOR OFFICIAL TRANSCRIPTS**

1. Request form must have a signature or it will be returned to you.
2. A copy of your photo ID must accompany the request form.
3. Please allow TWO full working days to process. Processing at end of semester may take longer.
4. Transcripts will NOT be released for students who have prior financial obligations to the high school.
5. All transcripts mailed directly to/or picked up by the student will indicate "Issued to Student."

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Previous last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Current year grade level: \_\_\_\_\_ or year graduated \_\_\_\_\_

\_\_\_\_ Process Immediately

\_\_\_\_ Process at end of current school year – final transcript

**SIGNATURE:** \_\_\_\_\_  
(Must have **parent signature** unless student is 18 years old or older) DATE

Send to: \_\_\_\_\_ Number of copies \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send to: \_\_\_\_\_ Number of copies \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send to: \_\_\_\_\_ Number of copies \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Address: \_\_\_\_\_  
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