

Jackson High School
Transcript Release Form
Review and/or Disclosure of Records to Third Party
There is a \$2.00 fee for each transcript that is processed

Parent Authorization

Student Name _____ Date of Request _____

Date of Birth _____ Grade _____

(Parent Signature)

(Date)

This authorizes Jackson High School to prepare and process all transcripts that are requested for submission with college applications and/or scholarship applications. The transcript includes the following: Courses Completed and/or In Progress, Grade Point Average, Attendance and Other (IEP, ETR).

Please check if you would like an unofficial copy of the transcript mailed to your home address.

\$2.00 Fee Paid: Yes No (Please provide a self addressed stamped envelope)

ACT and/or SAT Scores must be sent directly to all colleges directly from the testing company.

College Name or Scholarship & Address

1. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

2. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

3. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

4. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

5. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

7. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

9. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

11. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

13. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

6. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

8. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

10. _____

Date Sent: _____ Paid: Yes No

College Name or Scholarship & Address

12. _____

Date Sent: _____ Paid: Yes No

College name or Scholarship & Address

14. _____

Date Sent: _____ Paid: Yes No