



Home of the Aggies

**Transcript Request**  
**Jackson High School**  
**Guidance Office**  
321 Stanley Drive, Jackson, AL 36545

**251-246-2571 Fax: 251-246-3190**

Official transcripts must be mailed by JHS to the receiving institution. If transcript is given to student or parent, transcripts are considered unofficial copies. Confidentiality is at risk with faxed copies.

\_\_\_\_\_  
Date You Make Request

**Full Legal Name**

**Maiden Name**

\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security #      Date of Birth      Year of Graduation

**I give permission for my official transcript to be released:**

\_\_\_\_ **At any time hereafter I request it to be sent to (Check all that will apply)**  
    \_\_\_ College/Scholarship Organization    \_\_\_ NCAA/Athletic Recruiter    \_\_\_ Military    \_\_\_ Employer

\_\_\_\_ **After my graduation if parent/guardian requests it be sent as my proxy.**

\_\_\_\_ **Only to the organization and address printed below.**

*Please forward one official copy of my transcript to the school or agency listed below:*

\_\_\_\_\_  
College/University/Organization

\_\_\_\_\_  
Address

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

**Fees for each transcript: former students \$5.00, currently enrolled students \$1.00**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

Fee Paid: Yes    No