

Jefferson Davis High School TRANSCRIPT REQUEST FORM

Name (Maiden) while attending _____

Address _____

D.O.B. _____

Home Phone _____ Cell Phone _____

Year of Graduation _____ Last Year Attended _____

Name of Receiving College/Organization _____

Address _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), any parent or eligible student must give the school written permission in order to release any information from a student's educational record.

Signature of Student _____ Date _____

Signature of Parent (if under 18) _____

Any transcript given to an individual or mailed/faxed to an individual will be stamped **UNOFFICIAL**.

Transcripts that are mailed/hand delivered to a college/organization will be stamped **OFFICIAL**.

Please allow 3-5 days after the request & payment are received for transcripts to be processed. Personal checks will not be accepted.

(Current Student) Price is \$5.00

(Former Student) Price is \$10.00 (official), \$10.00 (unofficial)

Mail request and payment to:

**Jefferson Davis High School
Attn : Mrs. V. Dacus, Registrar
3420 Carter Hill Road
Montgomery, Al 36111**

Fax # 334-269-3708

OFFICE USE ONLY Date Received: _____ Date Mailed: _____

Fee Charge: _____ Cash: _____ Check # _____ Money Order: _____