



HIGH SCHOOL TRANSCRIPT REQUEST

Full name of student while attending Jennings High School:

First	Middle	Last
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Date of Birth: _____ Graduation/Year withdrawn: _____

Current mailing address: _____

City/State/Zip Code: _____

Phone Number (include area code): _____

Please provide the name of the institution you would like your transcript sent to along with their address, fax or email. Be advised that most institutions require official sealed transcripts to be mailed directly to them from our office.

Institution Name: _____

Address/fax/email: _____

Institution Name: _____

Address/fax/email: _____

This form may be faxed to 314.653.8102 or emailed to fowlerl@jenningsk12.org.

****You must send a copy of your ID along with it.**

_____ Or call me at the above number to pick up.

Student Signature: _____ Date: _____

Or Parent/Guardian Name: _____

Signature: _____ Date: _____

****If request is made by someone other than student or parent/guardian then an official signed records request is required.**