

JACKSONVILLE INDEPENDENT SCHOOL DISTRICT

STUDENT TRANSCRIPT REQUEST

Picture identification is required when picking up a transcript. If the student is 18 years or older, school records will not be released without the student's written consent as mandated by the Family Educational Rights and Privacy Act (FERPA).

Complete the following and enclose **\$3.00** for a certified transcript, each additional transcript, or non-certified copy.

Number of copies requested: _____ Please check: Certified () Non-certified ()

Is your request for the transcript Work or School related? Work () School ()

Student Name (while attending school): _____

Date of Birth: _____ Social Security Number (last 4 digits only): _____

Date of Graduation: _____

If not a graduate, date(s) of attendance: _____

School of attendance: _____ Phone Number: _____

Return Address(es): _____

Release records to: _____

Name of person authorized to pick up records. (Their photo ID will be required).

Release Signature: _____

Remember to attach a copy of your government issued photo I.D.

******* INFORMATION BELOW IS FOR OFFICE USE ONLY *******

ID PROVIDED: <input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> STUDENT ID <input type="checkbox"/> OTHER: _____

AMOUNT PAID: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER
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DATE RECEIVED: _____

COMPLETED BY: _____

Mail Transcript Request to:
Transcript Request - Office
Jacksonville High School
P.O. Box 631
Jacksonville, TX 75766-0631

