

**TRANSCRIPT REQUEST**

**Jackson High School  
500 Vaughn Street  
Jackson, OH 45640**

**NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_**

**YEAR OF GRADUATION \_\_\_\_\_ STUDENT ID \_\_\_\_\_**

**Please send my transcript to the address below:**

\_\_\_\_\_  
**NAME OF COLLEGE, COMPANY, ORGANIZATION, ETC.**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY**

**STATE**

**ZIP**

**GIVE TRANSCRIPT TO ME**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**

XX

**FOR OFFICE USE ONLY**

**DATE RECEIVED: \_\_\_\_\_**

**DATE MAILED: \_\_\_\_\_**

**DATE PICKED UP: \_\_\_\_\_**