# Jefferson High School

**Transcript Request Form**

***Please complete this form and remit a payment of $2.00 for each copy requested.***
***Make checks payable to Jefferson High School.***

Date of Request_____

Full Name_____
First Middle Last

Name at Graduation_____
(if different than above)

Year of Graduation_____

*If you are a **"Drop"** student which school did you attend? JHS Alt ED Adult Ed Year*_____

Date of Birth_____ Current Phone #_____

Current Address_____

_____
City State Zip

.....

***<u>Official</u> copies are sent by mail (school to school, school to place of employment).***

***<u>Unofficial</u> transcripts are clearly marked from school to student.***

Please indicate below where you would like your transcript sent:

College or Place of Business_____

Address_____

_____
City State Zip

Signature_____
I hereby authorize the release of my high school transcript.

**Jefferson High School**
Attn: Transcripts
5707 Williams Road
Newport, MI 48166

Received Payment_____ Check Number_____

Mailed Transcript_____