

Jefferson Township High School  
Guidance and Counseling Department

Transcript Request Form

Name: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Transcript to be sent to: \_\_\_\_\_

Name

Address

City, State & Zip Code

Special Instructions: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please note:*** No transcripts will be processed without this form. Official transcripts and other records must be mailed directly to potential colleges, universities, and employers. Records delivered to students will be marked unofficial.

\*\*\*\*\*

Transcript Mailed on: \_\_\_\_\_