

Transcript Request Form

Date of Request: _____

Counselor's Name: _____

Student #	Name of Person on Transcript	Year expected to graduate/graduation date/withdrawal date

IN ACCORDANCE WITH THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I HEREBY AUTHORIZE THE RELEASE OF MY HIGH SCHOOL RECORDS TO:

Name/College/University/Scholarship	School / Recipient Address		
1.			
<input type="checkbox"/> Pick-up (date/sign)	<input type="checkbox"/> Mail by JBHS (date/sign)	<input type="checkbox"/> Upload (date/sign)	

2.			
<input type="checkbox"/> Pick-up (date/sign)	<input type="checkbox"/> Mail by JBHS (date/sign)	<input type="checkbox"/> Upload (date/sign)	

3.			
<input type="checkbox"/> Pick-up (date/sign)	<input type="checkbox"/> Mail by JBHS (date/sign)	<input type="checkbox"/> Upload (date/sign)	

4.			
<input type="checkbox"/> Pick-up (date/sign)	<input type="checkbox"/> Mail by JBHS (date/sign)	<input type="checkbox"/> Upload (date/sign)	

Signature of Parent/Guardian

Signature of Student (if 18 or older)