

**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: _____