

Jackson School District
Guidance Department
TRANSCRIPT REQUEST

OFFICE USE ONLY
Date Received: _____
Date Processed: _____
Initials: _____

Requests will be processed within a week

Graduate of: Jackson Memorial High School

Email a copy of this request form to: JMHStranscript@jacksonsd.org or Fax: 732-833-4639

Send the \$2 transcript fee. CASH PREFERRED or a check made out to Jackson Memorial High School, 101 Don Connor Blvd., Jackson, NJ 08527

Attn: Guidance Department

Graduate of: Jackson Liberty High School

Email a copy of this request form to: JLHStranscript@jacksonsd.org or Fax: 732-415-7008

Send the \$2 transcript fee. CASH PREFERRED or a check made out to Jackson Liberty High School, 125N. Hope Chapel Rd., Jackson, NJ 08527

Attn: Guidance Department

Student Name while attending High School _____

Maiden Name: _____

Date of Birth: _____ Year of Graduation: _____

Did you graduate from an out of district placement or when you turned 21? Check: YES NO

Current Street Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Send Transcript to: _____

Attn: _____

Street Address: _____

City, State, Zip: _____

*Would you like to be sent an unofficial copy for your own records? Check: YES NO

Please be advised!!!!!!

***An OFFICIAL TRANSCRIPT is a legal document that must be forwarded to the college directly from this office. Should you choose to have it given to you, it cannot be opened by anyone other than the party it is intended for. If you would like an unofficial copy for your records, please indicate above.**