



Name: \_\_\_\_\_  
*Please print name as it appears on school records*

Current Address: \_\_\_\_\_  
*Street Address City/State Zip*

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Jackson Public School Attended: \_\_\_\_\_

Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ No Last Year Attended: \_\_\_\_\_

Exceptional Education Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**INFORMATION REQUESTED**

\_\_\_\_\_ **Regular transcript (copy) of educational records/verification of graduation**  
 \$5.00 cash in office.  
 Mail orders should include a \$5.50 money order payable to Jackson Public Schools.  
 \$5.00 for the official transcript and .50 cents for postage. Please allow 3-5 days to process.  
**A copy of your photo ID must be included when ordering by mail.**

\_\_\_\_\_ **Diploma Order (\$4.89 money order payable to JOSTENS)**

\_\_\_\_\_ **Diploma Cover Order (\$6.65 money order payable to JOSTENS)**

**\*\* If ordering both diploma and cover, you will need (2) separate money orders.**  
**Allow 10-12 weeks for delivery.**

**A copy of your photo ID must be included when ordering by mail.**

**For Office Use Only**

<b><u>Requested:</u></b>	<b><u>Pending Status:</u></b>	<b><u>Completed:</u></b>
<input type="checkbox"/> By Mail (Date) _____ <input type="checkbox"/> In Person (Date) _____	<input type="checkbox"/> Fee Paid <input type="checkbox"/> Fee Not Included <input type="checkbox"/> Unable to Locate <input type="checkbox"/> Additional Information Needed	<input type="checkbox"/> Email (Date) _____ <input type="checkbox"/> Mailed (Date) _____ <input type="checkbox"/> Faxed (Date) _____

JACKSON PUBLIC SCHOOL DISTRICT  
OFFICE OF RECORDS  
1017 ROBINSON STREET  
JACKSON, MS 39203



REQUEST FOR EDUCATIONAL RECORDS  
transcripts@jackson.k12.ms.us

**REQUEST TO SEND RECORDS TO:**

Name: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I \_\_\_\_\_ hereby consent to and authorize the release of certain educational records as listed above for said person to the following institution, employer, individual or organization. The records to be released are to be limited to the request above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date