



# Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

## FORMER STUDENT / GRADUATED STUDENT TRANSCRIPT REQUEST FORM

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name while enrolled)

Did you graduate?       Yes       No

Year of Graduation or Last Year in Attendance: \_\_\_\_\_  
MM/DD/YYYY

Choose a delivery Option(s) for your transcript:

\* All transcripts being emailed/sent to a college admissions office must come directly from the Guidance Office.

Pick up in person

Email: \_\_\_\_\_

Mailed to: (Your name and address / Employer name and address / College name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

**Official Use Only:**

Date Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_