



USJ Transcript Release Form

Full Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Graduation Year: _____

I hereby request and grant permission for University School of Jackson's Office of College Advising to send to my official transcript, which includes the high school courses taken, grades earned, my GPA, and class standing to the institution listed below.

Signature: _____ Date: _____

I also request and grant permission for USJ's Office of College Advising to include on my transcript labels with my college admission test scores and my Advanced Placement scores, which may include my social security number.

Signature: _____ Date: _____

I understand the above agreements entered into by my child and agree to this arrangement.

Parent's Signature: _____ Date: _____
(Required for student's under the age of 18)

Institution Name: _____

Address: _____

City, State, Zip Code: _____

Fax Number: _____

Mail completed form to: College Advising Office, USJ, 232 McClellan Rd., Jackson, TN 38305; or fax completed form to: College Advising Office at 731-664-5046.

Please allow 1-2 weeks for the processing of transcripts.