

Jamestown Area School District

204 Shenango St., Jamestown, PA 16134
PHONE: 724-932-3186 FAX: 724-932-3942

TRANSCRIPT RELEASE FORM

Name: _____

Birthdate: _____

Year of Graduation or Expected Graduation date: _____

Please sign, date and mail/email/fax release form to:

Kate Evans-Haines
School Counselor
Jamestown High School
204 Shenango Street
Jamestown, PA 16134

Kate.evanshaines@jasdmuskies.com

Fax number: (724) 932-3942

If you are under the age of 18 a parent or guardian signature is required.

Signature: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Address: _____

Phone: _____

I hereby authorize Jamestown High School to release my transcript to:

1. Name of School/other organization: _____

Address: _____

2. Name of School/other organization: _____

Address: _____

3. Name of School/other organization: _____

Address: _____

(If you require more than three transcripts to be released to other schools or organizations, such as scholarship programs, please include the name(s) and address(es) on a second sheet.)