



Jamestown Public School District #1
207 Second Avenue
Southeast – PO Box 269
Jamestown, North Dakota
58401
Voice: (701) 252-1950 -
Fax: (701) 251-2011



AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPT INFORMATION

I hereby authorize the Jamestown Public School District #1 to release my school records.

Include maiden last name or name used when attending Jamestown Public Schools.

STUDENT'S NAME		BIRTHDATE	
CURRENT ADDRESS			
CURRENT CITY/STATE/ZIP:			
CONTACT # OR E-MAIL			

YEAR GRADUATED OR LAST YEAR ATTENDED JAMESTOWN:	
TRANSCRIPT RELEASE DATE:	

The official transcript will be mailed to the **College, University or Scholarship** address noted below. If more than one transcript is needed – please list on back of form.

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	

SIGNATURE:		TODAY'S DATE:	
-------------------	--	----------------------	--

(Parent signature if student is under 18)

The following **GUIDELINES** must be followed when requesting a transcript.

- ✓ All transcripts request forms **must be submitted** to the office at least 24 hours before the transcript is needed and must contain the appropriate signatures and all recommendations etc. Requests made further in advance are encouraged!
- ✓ In order for a transcript to be official, it **must be sent from the office**. Students may not pick up or hand deliver official transcripts. This is in accordance with the requirements set down by colleges and scholarship agencies.
- ✓ Transcripts will be mailed **via regular mail**. Students are responsible for having the address and appropriate postage on the envelope. The school **will not mail** Express or Overnight mail.

For office use only: Signature and date of official sending the transcript.

SIGNATURE:		TODAY'S DATE	
-------------------	--	---------------------	--