

Official Transcript Release Form

Please fax, mail or hand deliver.

Jackson-Milton High School
13910 Mahoning Ave
North Jackson, Ohio 44451
Phone 330-538-3232
Fax 330-538-0821

Graduating Name _____

Graduation year _____ Date of Birth _____

Send Transcript to: Name / College _____

Address _____

City _____ State _____

Zip _____

I hereby authorize the Jackson-Milton School District to release a copy of my educational records.

Signature _____

Phone # _____

Date _____

*NOTE

Please be advised:

Official transcripts with the raised seal will only be sent to colleges or businesses.

Unofficial transcripts without the raised seal will be sent to alumni.