



REQUEST FOR TRANSCRIPT

Date: _____

Name: _____
(First) (Middle) (Maiden) (Last)

Date of Birth: _____

Primary phone number: _____

Cell phone number: _____

High School Attended: _____ Graduate: Yes No

Year of Attendance/Graduation: _____

Other schools in Greater Clark County and dates of attendance (if needed):

To mail transcripts:

Name/Organization: _____ Attention: _____

Address: _____
(Street) (City) (State) (Zip Code)

Other instructions for release:

Signature Authorizing Release: _____ Date: _____

Mail to: Jeffersonville High School
Attn: Courtney Duke
2315 Allison Lane
Jeffersonville, IN 47130

Or fax to: (812)288-4812

E-mail: cduke@gcs.k12.in.us

Phone: (812)282-6601, ext. 15143

**a copy of a photo ID will be required for all requests unless sent by a school

***Fees (cash or money order only): \$5.00/copy of main transcript
\$8.00/copy of whole file