



JAMES MADISON HIGH SCHOOL
 AUTHORIZATION FOR RELEASE OF
 TRANSCRIPT FOR **GRADUATED or WITHDRAWN STUDENTS**

Date Received: _____
 Date Sent: _____

Transferring from one college to another: Yes No (Circle one)

Student Name: _____ Year of Graduation or W/D _____

College/University: _____ Application Deadline: _____

Admissions Office Address:

Parent/Student Signature: _____

IMPORTANT INFORMATION:

Contact Phone _____

1. Transcript Fee \$5.00 per request.
2. JMHS Does Not mail Standardized Test Scores to Colleges.
 Student must request them directly through College Board or ACT.
 SAT www.collegeboard.com ACT www.actstudent.org

To request and pay for a transcript online please use the following link for MySchoolBucks: <https://tinyurl.com/JMHSTranscripts2>



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