

Jackson Public School District  
221 S. Oklahoma  
Jackson, MO 63755-2098

Phone Number: 573-243-9531  
Email: BMargrabe@Jackson.K12.MO.US

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**RECORD RELEASE FORM**

I give permission for the release of my school records to the following person or institution.

Name of Student While in Attendance:

\_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

If individual didn't graduate- Date last attended: \_\_\_\_\_

\_\_\_\_\_

(Signature)

(Date)

Circle One:

Picked Up

Sent to Other Source

Send A Copy Of Transcript To:

\_\_\_\_\_

(Person or Institution)

(Address)

(City)

(State)

(Zip Code)

**Please send or bring a copy of a photo ID also.**