

Jackson Public School District
1352 Orchard Drive
Jackson, MO 63755-2098

RECORD RELEASE FORM

District Website: www.JacksonR2Schools.com

Phone: 573-243-9531

Email: sjbollinger@jackson.k12.mo.us

Fax: 573-243-9525

Name of Student **While in Attendance:**

(First) (Middle) (Last) (Maiden Name)

Date of Birth: _____

Year of Graduation or Last Year of Attendance: _____

(Signature) (Date) (Phone)

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

Send A Copy Of Transcript To:

Person or Institution Address

City State Zip Code

A copy of a photo ID must accompany this release.