

TRANSCRIPT REQUEST FORM

Mail request with payment to:

JACK BRITT HIGH SCHOOL
Attn: Mrs. Brummett (Transcripts)
7403 ROCKFISH ROAD
FAYETTEVILLE, NC 28306

Student Number _____ Date of Request _____

Students Name: _____ D.O.B. _____

Graduation Date: _____ Withdrawal Date: _____

Application Deadline Date _____ Counselor (if applicable) _____

Transcript to be: _____ mailed by school _____ picked up by student

**Please list the dates of all SAT and/or ACT tests you have taken.
ACT and SAT test scores will be included on your transcript.*

IN ACCORDANCE WITH THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I HEREBY AUTHORIZE THE RELEASE OF MY HIGH SCHOOL RECORDS TO:

Please provide the mailing address for the School/Scholarship Name you want the transcript sent to:

1. _____

2. _____

3. _____

4. _____

Signature of Parent/Guardian

Signature of Student (if 18 or older)

**Only paid request will be processed. If mailing your request,
Please submit payment with your request.**

THE COST OF TRANSCRIPTS IS AS FOLLOWS:

Unofficial: (current students) \$2.00 _____ Official Transcript: (current students) \$3.00 _____

Unofficial and Official Transcripts (prior students): \$ 5.00 _____

~~ To be completed by office ~~

DATE TRANSCRIPT MAILED _____ DATE TRANSCRIPT HAND-DELIVERED _____