

JOHNSONBURG AREA HIGH SCHOOL

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REQUEST FOR TRANSCRIPT

DATE: _____

Graduation Date: _____

Birth Date: _____

I hereby authorize Johnsonburg Area High School to release an official copy of my transcript.

Printed Name _____
Last Name First Name Middle Name Maiden Name

Street Address _____

City, State, Zip _____

Telephone: _____ Email: _____

Please mail an official copy of my transcript to:

Signature: _____