

# USJ • Official Request for Admissions Information

Full Name of Student: \_\_\_\_\_

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

Applying For Grade: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Present School: \_\_\_\_\_

Present School Address: \_\_\_\_\_

Present School Phone Number: \_\_\_\_\_

The above named student has made application to the **UNIVERSITY SCHOOL of JACKSON**. Please forward a copy of the student's transcript, current report cards, standardized test scores, reports of any psychological or educational testing, and the attached Student Recommendation Form(s). Send to the following address:

**UNIVERSITY SCHOOL of JACKSON**  
**Admissions Office**  
**240 McClellan Road**  
**Jackson, TN 38305**

I, the undersigned parent/guardian, am aware of the above request, and I approve the release of these records to University School. I understand that the recommendation form is confidential and not accessible to me.

**Date:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_