



USJ Senior Transcript and Test Score Release Form

From: Full Name: _____

Graduation Year: _____

I hereby request and grant permission for the University School of Jackson's Office of College Advising to send my official transcript, which includes the high school courses taken, grades earned, my GPA, and class standing, to the collegiate institutions in which I am applying throughout my entire college admission process.

Signature: _____ Date: _____

I also request and grant permission for USJ's Office of College Advising to include on my transcript labels with my college admission test scores and my Advanced Placement scores, which may include my Social Security number.

Signature: _____ Date: _____

I understand the above agreements entered into by my child and agree to this arrangement.

Parent's Signature: _____ Date: _____
(Required for student's under the age of 18)

Give completed form to: Office of College Advising.

Address: USJ, 232 McClellan Rd., Jackson, TN 38305

Fax: 731-664-5046.

Please allow 1-2 weeks for the processing of transcripts.