

Date Requested \_\_\_\_\_ Date Delivered \_\_\_\_\_

*John Marshall High School*

Phone 304.843.4444 Fax 304.843.2188

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Name When Attended JM \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Year of Withdrawal \_\_\_\_\_

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

**Authorization for Release of Information**

I, \_\_\_\_\_, a former student of John Marshall High School, in Marshall County, authorize the Secretary to release my High School Transcript for educational or assessment purposes.

Please send this information to the following:

College/University/Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX \_\_\_\_\_ Mail \_\_\_\_\_ Will be Picked Up by \_\_\_\_\_

Please note that official documents can only be mailed directly to your choice of college, university, or other institution. Please allow five days for processing and all transcripts are \$5.00.

Number of copies \_\_\_\_\_ X \$5.00 = TOTAL \_\_\_\_\_ (Cash only)