

High School transcript Request Form

**New Learning Resources Online
1345 B Lelia Dr.
Jackson, MS 39216
Phone: (601) 982-8003
Fax: (601) 982-0083**

Please mail or fax this request to the attention of Dorothy Preston

Applicant Information: Please Print

Full Name _____
Last First Middle

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Graduation Date: ____/____/____

Home Address: _____ Apartment #: _____

City State Zip Code

Job Corps Center: _____

Please check one or more boxes to show what your transcript is needed for:

- Education** –You must complete the lower half of this form with school information.
Official transcript will be signed, sealed and mailed directly to the school of your choice.
- Job Employment**-If an official is needed, **complete lower half of this form** with the information of where you seek employment. If not, an unofficial transcript will be mailed to your house.
- Personal Records**-Only an unofficial can be sent to students.

Information needed for an Official transcript to be sent:

Name of Institution: _____

Contact Person's Name: _____

Address: _____

City State Zip Code

Applicant's Signature:

Date:
