



James Madison HIGH SCHOOL

Transcript Request Form

Instructions for the Student

- Please fill out this form and send the completed form to your *previous* High School
- If your school requires a fee to issue a transcript please include it with this form to avoid any delay.

Instructions for the School

- Please send an official copy of the student's transcript listed below to:

James Madison High School
P.O. Box 923147
Norcross, GA 30010-3147

- Please include a school profile and course description, if available.
- The student listed below is responsible for any fees for this service

Student Name: _____ Student Number: **JM**_____

Birth Date: ___/___/___ SSN#: _____

Phone #: _____

Maiden Name or Name when attending previous School: _____

Name of previous School: _____

Address: _____

City: _____ State: _____ Zip: _____

Enrolled from _____ to _____ Phone: _____

Student Signature: _____ Date: ___/___/___