

JAMESTOWN HIGH SCHOOL COUNSELING OFFICE

3751 John Tyler Highway, Williamsburg, VA 23185 Phone: 757-259-3600 x31114

GRADUATES CONSENT FOR RELEASE OF RECORDS

Please note we only house one year past the current year for graduate transcripts.

All others need to contact Records Administration at 757-603-6517

(Date)

A processing fee of \$4.00 is charged for EACH copy of the record requested. This fee is not applicable

NAME			
Last (name as registered in school)	First	Middle	Other Last Name(s)
DATE OF BIRTH	PHONE	EMAIL	
CURRENT ADDRESS			
HIGH SCHOOL GRADUATE	☐ YES ☐ NO	GED GRADUATE	☐ YES ☐ NO
LAST YEAR ATTENDED			
I request the following:	Transcripts] SAT Scores	
I request the following:	Transcripts	SAT Scores	
Special Instructions: ☐ pick up by me ☐ I authorize	e pick up by: (give name	e below) 🔲 mail to: (give con	mplete address below
	e pick up by: (give name	e below)	mplete address below
	e pick up by: (give name	below)	mplete address below
			mplete address below
pick up by me I authorize			
pick up by me I authorize			
pick up by me I authorize			
pick up by me I authorize	Guardian		
pick up by me I authorize	Guardian		
pick up by me I authorize	Guardian Ifted Education Program R If in a special education promes City County Public Soft occurs first. With regard	ecords: gram or gifted education program chools. This separation can be end to special education records, p	are <u>destroyed</u> five years ither by graduation, pro arents and eligible stu