



Liberty Technology Magnet High School
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Please email, fax or mail your request

TRANSCRIPT REQUEST FOR FORMER STUDENT

(PLEASE PRINT)

Name at Graduation _____

Year of Graduation _____

Date of Birth _____

Current Address _____

Email Address _____

Phone # _____

Please Mail To: _____

Official transcripts can only be sent directly to colleges / universities / or employers.

A transcript that is faxed or sent directly to an individual is considered unofficial.

Please Fax unofficial To: _____

I authorize Liberty High School to release school records to the above named person or institution:

(Please Print Name)

(Signature)

(Date)

Date Sent