



**Thomas Jefferson High School for Science and Technology**  
**TRANSCRIPT REQUEST FORM FOR CURRENT STUDENTS**  
 CEEB Code: 470054



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_ Counselor Name \_\_\_\_\_

Freshman     Sophomore     Junior     Senior

I  waive     do not waive    the right to read my counselor's recommendation.

(Allow 10 School Days to Process)		College/Scholarship/Program (Name and Address)	Place email address with contact name here, along with other program details that may be relevant	Form IS-111 Rec'd	Date Transcript Processed	Date Mailed
Request Date	Due Date					
		Name _____ Address _____ City _____ State _____ Zip _____				
		Name _____ Address _____ City _____ State _____ Zip _____				
		Name _____ Address _____ City _____ State _____ Zip _____				

I hereby authorize TJHSST to release any information that may be requested from my official cumulative record by any colleges, employers, or programs that are listed above on my Transcript Request Form.

Student Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
 (Required of Students Under 18)