

Jupiter Christian School-Transcript Release Form

Student Name: _____ (Including maiden name if applicable)

Student Grade: _____ **Date of Graduation:** _____ **Date of Request:** _____

Please release my transcript to the following institution (s).

College Name _____	College Name _____
College Address _____	College Address _____
_____	_____
_____	_____
College Name _____	College Name _____
College Address _____	College Address _____
_____	_____
_____	_____

In signing this document, I authorize my transcript to be released to the institution (s) listed above:

Student Signature: _____ **Date:** _____

- All SAT, ACT, AP Scores, and dual enrollment information must be sent directly from the applicable institution to the college to which you are applying.
- Transcript Request Forms can be submitted via hand delivery, mail or fax. No transcripts will be sent without this completed and signed form. Please allow 7-10 days for this request to be processed.

Jupiter Christian School 700 S. Delaware Street, Jupiter, Florida 33458 Fax:561.354.1955 Phone: 561.746.7800

OFFICE USE

Date Received	Date Processed	Date Mailed