



South Side High School
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TRANSCRIPT REQUEST FORM

(PLEASE PRINT)

Name

Name at Graduation

Year of Graduation

Social Security #

Date of Birth

Phone #

PLEASE MAIL AND/OR EMAIL TO

PLEASE FAX TO

I authorize South Side High School to release the following records to the above named person(s) or institutions(s).

_____ Transcripts/Test Scores

_____ Other (please specify) _____

This request is being used for the purpose of:

_____ Job

_____ College/University

_____ Other

Printed Name

Signature

Date