



# Past Student/Graduate

James W. Robinson, Jr. Secondary School

Authorization for release of transcripts

**\*\*\$5.00 FEE PER TRANSCRIPT\*\***

Name: \_\_\_\_\_ Year Graduated/Withdrawn: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

## COLLEGE/UNIVERSITY /PERSON TO RECEIVE RECORDS

1. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Office use only:  
Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

***\*Transcripts can only be requested by the named former student if 18 years or older.***

***\*Picture of photo ID must be enclosed for identification purposes.***

List additional requests on other side