

**JEFFERSON COUNTY PUBLIC SCHOOLS
DEPARTMENT OF PUPIL PERSONNEL
STUDENT TRANSCRIPTS
PO BOX 34020
LOUISVILLE, KY 40232-4020**

In order to process a transcript request for a student 18 or older, please *PRINT* and complete this form. Your request can be mailed to the above address or delivered in person to our office located at 4309 Bishop Lane. Your request will be returned if incomplete or payment is not included.

Student Name _____
(Provide name used during attendance in school, i.e., maiden name)

Date of Birth ____ - ____ - ____
(Mth) (Day) (Year)

Name of School Last Attended _____

Year of Graduation _____ or Last Year & Grade Attended _____

Please check one: High School Transcript \$5.00 enclosed

Full Transcript (Elementary thru High School) \$8.00 enclosed

**Required: Picture ID with signature
Cash, Check or Money Order**
(made payable to Jefferson County Public Schools)

Indicate where the documentation is to be mailed by providing a mailing address or provide a pre-addressed return envelope.

Mailing address:

Name/Business _____

Attn: _____

Street Address _____

City _____

State _____ Zip _____

Signature of student

Date

Your request will be processed within 48 hours, provided all of the above information is complete and correct. You will be contacted if we have difficulty locating your record. **To verify receipt of your documentation you will need to send it by certified mail.** Time does not permit us to verify requests.

Please provide a daytime phone number where you can be reached ____ - ____.