

Transcript Request
Jackson County Comprehensive High School

Name: _____

Name when at JCCHS if different: _____

Phone: _____

Year Last Attended JCCHS: _____

Did you graduate? _____

Where do you want the transcript sent? (The student cannot receive an official transcript.)

Signature _____ Date _____

Fax: 706-367-5003

Mail to:
Ms. Charlene Faulkner
Jackson County Comprehensive High School
1668 Winder Highway
Jefferson, Georgia 30549