



REQUEST FOR JSCC STUDENT RECORDS

Select which record(s) you are requesting:

- Official JSCC transcript JSCC acceptance letter Other unofficial records:
 Unofficial JSCC transcript JSCC class schedule

Select one of the following (for JSCC transcripts only):

- Send now Send after final grades Send after degree awarded

If requesting more than one copy, how many? _____

Current Full Name: _____

Previous Last Name(s): _____ Date of Birth: _____

J Number (if known): _____ Phone Number or Email: _____

Current Address: _____
Street Address City State Zip Code

Provide the **complete** name and mailing address or fax number for where your transcript is to be sent (faxed transcripts are not official):

- I will pick up my record(s) in the Admissions & Records Office.

For electronic transcripts, please go to www.getmytranscript.com. This form is for mail, fax, and pick-up only.

I hereby authorize the release of my transcript.

Student's Signature: _____ Date: _____

Required by federal law. We cannot accept typed signatures.