



Jackson State
COMMUNITY COLLEGE

REQUEST FOR TRANSCRIPT

Records Office

2046 North Parkway, Jackson, TN 38301

Phone (731) 425-2654 Fax (731) 425-2653 E-mail: recdocs@jssc.edu

Please send the following (**check one**):

Official copy of my college transcript

Unofficial copy of my college transcript

-----**And one of the three options**-----

Mail transcript now

Hold for current term grades

Hold for degree posting

PLEASE PRINT ALL except for signature

Number requested

Name under which my student records exist:

Last	First	Middle
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Current Name (if different from above): _____

JSCC Student ID: _____ Date of Birth: _____

Phone Number (**required**): _____

Present Address:

Street Address	City	State	Zip Code
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Provide the **complete NAME and ADDRESS** where the transcript is to be mailed:

**Transcript requests are
processed USUALLY
within 72 hours.**

Provide the **complete information (Attn person & fax number) for ***Fax Requests*****
(Faxed transcripts are NOT official)

I hereby authorize the release of my transcript.

Student Signature (required by federal law)

Today's Date