

**JONES COUNTY JUNIOR COLLEGE**  
**SINCE 1911**

**Transcript Request Form**

**Full Name:** \_\_\_\_\_

**Previous Last Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security or Student ID#:** \_\_\_\_\_

**Approximate Dates of Attendance:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please send my transcript to (choose one):**

**Mailing Address (OFFICIAL):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email via E Scrip-Safe (transcripts emailed to individuals are considered UNOFFICIAL):** \_\_\_\_\_

**Fax (this is UNOFFICIAL):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES: 1. Every student and former student is allowed 4 free transcripts per calendar year. Each additional transcript is \$5.00, payable to the JCJC Business Office.**

**2. If there is a financial hold on your account, your transcript request cannot be processed until the past due balance has been paid. In the event that there is a hold, you will be notified.**

**MAIL REQUEST TO: JCJC Student Records, 900 South Court Street, Ellisville, MS 39437**

**OR FAX REQUEST TO: (601)477-4258**

**QUESTIONS? Call (601)477-4036 or email [kacie.minnix@jcjc.edu](mailto:kacie.minnix@jcjc.edu)**