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