



Jackson State Community College

REQUEST FOR TRANSCRIPT

Records Office

2046 North Parkway, Jackson, TN 38301
Phone (731) 425-2654 Fax (731) 425-2653

Please send the following (**Check One**):

Official Copy of My College Transcript

Unofficial Copy of My College Transcript

-----**And One of the 3 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 Record Exist:

Last First Middle

Current Name (If Different From Above): _____

Social Security Number or JSCC Student ID: _____ Date of Birth: _____

Phone Number(Required): _____

Present Address:

Street Address City State Zip Code

Provide the **Complete Address to 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