

Rec. No. \_\_\_\_\_

Paid: \_\_\_\_\_

**James Sprunt Community College**

**PO Box 398**

**Kenansville, NC 28349**

**Phone: (910) 296-2500**

**Fax: (910) 296-1222**

**CURRICULUM TRANSCRIPT REQUEST FORM**

**Cost: \$1.00 per transcript \*\*To pay by phone, please call the Business Office, (910) 296-2435.**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID : \_\_\_\_\_

Telephone No.: \_\_\_\_\_

(or Social Security No.)

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

(Former/Maiden)

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Transcript to be sent to:

\_\_\_\_\_

(Name and/or Title)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City)

(State)

(Zip Code)

No. of Copies Requested: \_\_\_\_\_

Currently enrolled at JSCC? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Date of Last Attendance: \_\_\_\_\_

\_\_\_\_\_ I will pick up transcript.

\_\_\_\_\_ Official (in a sealed envelope)

\_\_\_\_\_ Please mail transcript.

\_\_\_\_\_ Unofficial (for my use only)

\_\_\_\_\_ Fax unofficial copy to: \_\_\_\_\_

Check items which apply:

\_\_\_\_\_ Send as soon as possible.

\_\_\_\_\_ Hold for current semester grades.

\_\_\_\_\_ Hold until degree is recorded.

\_\_\_\_\_ Send one now and one at the end of semester.

\_\_\_\_\_  
Student Signature

**FOR OFFICE USE ONLY**

Date Mailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_