

Rec. No. _____

Paid: _____

James Sprunt Community College

PO Box 398

Kenansville, NC 28349

Fax (910) 296-1222

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: _____