

James Sprunt Community College
PO Box 398
Kenansville, NC 28349
Fax # (910) 296-1222

Rec. No. _____

Paid: _____

Transcript Request Form

Cost: \$1 per transcript

Date: _____

Date of Birth: _____

Soc. Sec. No. _____

Telephone No.: _____

Name: _____
(Last) (First) (Middle) (Former)

Address: _____

(City) (State) (Zip)

Transcript to be sent to:

Name and/or Title

Address

City State Zip

No. of Copies Needed: _____ 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).

Check items which apply:

____ Hold for current semester grades.

____ Hold until degree is recorded.

____ Send as soon as possible.

____ Send one now and one at the end of the semester.

Signature

FOR OFFICE USE ONLY

Date Mailed: _____

Date Picked Up: _____

** To pay by phone call the business office at (910) 296-2435.