



REQUEST FOR TRANSCRIPT

Fax Request to 205-856-8091 or mail to JSCC-Enrollment Services, 2601 Carson Road, Birmingham, AL 35215

*Forms will not be processed without the student's signature.

# (J00)	Date of Birth

FOR OFFICE USE ONLY			
Received:		Processed:	
		Sent:	
			Initial:

Print Full Name: _____

Previous Last Names: _____

Phone 1: _____

Address _____

Phone 2: _____

E-Mail: _____

Number of transcript(s) requested _____
Send now _____ Send end of semester _____
Pick-up _____ Mail _____ Fax _____ Escript _____

Currently Enrolled? YES _____ NO _____

ALL INFORMATION ON FORM MUST BE COMPLETE TO BE PROCESSED

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of (Public Law 93-380), commonly known as the Buckley Amendment; information contained on this transcript cannot be transferred to a third party without the written authorization of the student concerned.

Email or Address: _____

Fax Attention to: _____

Signature: _____

Fax Destination #: _____

Date: _____

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.



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