

TRANSCRIPT REQUEST
JACKSON STATE UNIVERSITY
JACKSON, MISSISSIPPI 39217

Current Date: _____

AUTHORIZATION: MY SIGNATURE BELOW AUTHORIZES THE RELEASE OF MY RECORD AT JACKSON STATE UNIVERSITY TO THE PERSON OR AGENCY AT THE ADDRESS SPECIFIED:

Signature

(Please print plainly to direct mailing in window

Send Transcript to:
envelope)

A charge of \$7.50 payable in advance is required for each transcript requested.

High School transcripts cannot be released by this office. Please contact your high school principal.

Any transcript issued to a student must be labeled "Personal Copy". An official transcript must be sent directly to another college, university or to an official of an organization.

After graduation from JSU, work completed at another institution cannot be entered on your transcript unless the credits are used to complete requirements for another degree at Jackson State University.

Student records are confidential and transcripts are issued only at the request of the student.

Transcripts from other colleges or universities which have been sent to our office for our files cannot be copied.

All indebtedness to the university must be paid prior to making request for transcript(s).

Additional copies must be obtained directly from the schools

If your name has changed since you last attended please print the name under which you last attended. _____

Print your complete name and address in the space below:

Information Below Must Be Filled Out Completely

Social Security No. _____

Daytime Phone No. _____

Date of Birth _____

First date of enrollment at
Jackson State University _____

Last date of enrollment at
Jackson State University _____

Please name the college where degree was received

Send immediately _____

Number of copies to this address _____

Please check the appropriate item(s) below:

Hold for current
Semester Grades _____

Hold until degree
Is recorded _____

Check Reason for request below:

Transfer _____ Employment _____
Grad Sch _____ Co-Op/Intern _____
Certification _____ Other _____

Check level of transcript(s) requested:

Bachelor's _____ Master's _____
Specialist _____ Doctorate _____

For Office Use Only

Total Amount Paid \$ _____
Receipt Number _____
Date Transcript Issued _____
Processed by _____