## TRANSCRIPT REQUEST

	Jackson State University JSU P. O. Box 17125	Informat
Current Date:	1400 J. R. Lynch Street Jackson, Mississippi 39217-0125	Social Sec
AUTHORIZATION: MY SIGNATURE BELOW AU RECORD AT JACKSON STATE UNIVERSITY TO SPECIFIED:	THORIZES THE RELEASE OF MY ACADEMIC THE PERSON OR AGENCY AT THE ADDRESS	Daytime l Date of Bi First da
SIGNATURE Send Transcript to: (Please prin	t plainly to direct mailing in window envelope)	Jackson Last dat Jackson Please 1
		Send im Number this add
A charge of \$10.00 payable in advance is required for each transcript requested.	High School transcripts cannot be released by this office. Please contact your high school principal.	Please c Hold for semester
An official transcript must be sent directly to another college, university or to an official of an organization.  Student records are confidential and transcripts are issued only at the request of the student.	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.	Hold unis record

are issued only at the request of the student.

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

If your name has changed since you last attended

Transcripts from other colleges or universities which have been sent to our office for our files cannot be copied. Additional copies must be obtained directly from the schools.

please print the name under which you last attended

Print your complete name and address in the soace below:

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ORIGINAL: Mail

CANARY: Registrar & Records

ion Below Must Be Filled Out Completely curity No. Phone No. ite of enrollment at State University te of enrollment at State University name JSU degree(s) received and when mediately\_\_\_\_\_ r of copies to iress \_\_\_\_\_ heck the appropriate item(a) below: r current r grades \_\_\_ til degree ded \_\_\_\_ leason for request below: nsfer \_\_\_\_\_ Employment \_\_\_\_ Grad Sch\_\_\_\_ Co-Op/Intern\_\_\_\_ Certification .... Other \_\_\_\_\_ For Office Use Only **Total Amount Paid** Fax: \$10.00 Receipt Number Date Transcript Issued Processed by

PINK: Student's Notice