

TRANSCRIPT REQUEST

Jackson State University
JSU P. O. Box 17125
1400 J. R. Lynch Street
Jackson, Mississippi 39217-0125

Current Date: _____

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

SIGNATURE

Send Transcript to: _____
(Please print plainly to direct mailing in window envelope)

A charge of \$10.00 payable in advance is required for each transcript requested.

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.

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

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:

ORIGINAL: Mail

CANARY: Registrar & Records

PINK: Student's Notice

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 JSU degree(s) received and when

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 _____

For Office Use Only

Total Amount Paid \$ _____

Fax: \$10.00 _____

Receipt Number _____

Date Transcript Issued _____

Processed by _____