

OFFICIAL TRANSCRIPT REQUEST

To: Registrar

Name of Institution _____

Street Address _____

City _____ State _____ Zip Code _____

From:

Full Name - Please Print _____

Student/Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Please send _____ official transcript(s) to:

COLLEGE OF GRADUATE STUDIES
JACKSONVILLE STATE UNIVERSITY
700 PELHAM ROAD NORTH
JACKSONVILLE, AL 36265-1602

Check one:

- Send immediately. I previously attended your institution in
- Send after current semester grades are posted
- Send after degree is posted. Date of graduation

Signature

Date

Most institutions charge a fee for each transcript. To avoid delay, it is suggested that you contact your institution to get the amount charged for a transcript and enclose that amount with your request.

9/5/2003