

Office of the Registrar
Angle Hall Rm. 113
700 Pelham Road North
Jacksonville, AL 36265
(256-782-5395)



Third Party Transcript Release Form

This Request is valid for 2 business days.

As set forth in the Family Educational Rights and Privacy Act of 1974 (FERPA), JSU may not release a transcript to any Third Party without written consent. By submitting this form, you may authorize a Third Party to pick up your transcript. **This is a one-time authorization effective only for this date.**

Instructions

1. Print and complete the form.
2. E-mail the form **AND** a valid photo ID (Ex. Driver's License, JSU Student ID, Military ID) to registrar@jsu.edu. The form cannot be faxed or presented by the Third Party.
3. If the form is approved, email notification will be sent. The designated Third Party will need to present his or her valid photo ID and payment.

Student Information

- Print Full Name: _____
(Last) (First) (Middle) (Maiden)
- Previous Names: _____
- Current Address: _____
(Street Address or PO Box) (City) (State) (Postal Code)
- Student or Social Security number: _____
- Date of Birth: _____ ➤ Dates of Attendance: _____
- E-Mail: _____ ➤ Total number of copies requested: _____

Authorization to Release Transcript

I, _____, give permission for
(Print full name)

_____ to pick up my Jacksonville State
(Third party full name)

University Official Transcript(s).

I affirm that I am the above-named student. In compliance with the Family Educational Rights & Privacy Act (FERPA), I hereby give my written consent and authorize Jacksonville State University to release my academic record as noted. I understand all financial obligations to JSU must be cleared before transcripts can be released.

(Student Handwritten Signature)

(Date mm/dd/yyyy)