

# Request for Official Transcript

Office of the Registrar  
700 Pelham Road North  
Jacksonville, AL 36265-1602  
Phone: (256) 782-5395  
Fax: (256) 782-5121

- ALL FIELDS MUST BE COMPLETED
- OMISSION OF ANY FIELD WILL DELAY PROCESSING
- PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR PROCESSING
- FILL OUT ONE FORM FOR EACH MAILING ADDRESS



( ) Mail to the address listed below: (Print legibly – Your transcript will be mailed in a window envelope using this label)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT INFORMATION

PRINT FULL NAME: \_\_\_\_\_  
(Please Print Legibly) (Last) (First) (Middle) (Maiden)

Previous Names: \_\_\_\_\_

Date of JSU Graduation (if applicable): \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

STUDENT NUMBER or SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

I affirm that I am the above-named student. In compliance with 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 Signature Date

Total number of copies requested: \_\_\_\_\_ @ \$5.00 each Total Payment: \_\_\_\_\_

Please check one of the following:

- Send Immediately  Hold for Current Semester Grades  Hold for Current Semester Degrees to be Posted

## PAYMENT INFORMATION

Payment Method Selected:

- Personal check or money order made payable to Jacksonville State University

Credit Card:  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_

V Code\*: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\* V Code=Last three digits in the signature box on the back of the card.