

# REQUEST FOR TRANSCRIPT



Fax Request to 205-856-8091 or send as an attachment to [records@jeffersonstate.edu](mailto:records@jeffersonstate.edu) or  
**Mail to:** JSCC-Enrollment Services  
 2601 Carson Road, Birmingham, AL 35215  
**Forms will not be processed without the student's signature and DOB.**

## FOR OFFICE USE ONLY

Received Date:	Processed Date:
	Sent:
	Initial:

<b>Student Information:</b> <i>(All fields with an * must be completed for your request to be processed.)</i>	Currently Enrolled: Yes No
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Student ID#: <b>J00</b>	*Date of Birth:
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* Print Full Name:		
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<b>Last</b>	<b>First</b>	<b>Middle</b>
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List any previous last names:

\*Current Address:

**Street Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*E-Mail Address:** \_\_\_\_\_ **\*Phone:** \_\_\_\_\_

\*Number of Transcripts to be sent: \_\_\_\_\_ Send Now \_\_\_\_\_ End of Semester \_\_\_\_\_ Pickup \_\_\_\_\_

## Recipient Information

**E-mail Address (if sending via eScript):**

**Mailing Address:**

Recipient Name (Attn):

**Street Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Fax Information

(Many colleges do not accept faxed transcripts – Please verify before submitting this request)

Fax Attention to:	Fax Destination #:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of (Public Law 93-380), commonly known as the Buckley Amendment; information contained on this transcript cannot be transferred to a third party without the written authorization of the student concerned. Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.