



1301 South 48th Street, Quincy, IL 62305
217.641.4329 FAX: 217.641.4192

TRANSCRIPT REQUEST FORM

Indicate type and number of transcript(s) desired (please circle "official" or "unofficial" below), sign and date this form, and mail or fax to Enrollment Services at the address or fax number above.

Content: Summary of accepted transfer work from prior colleges
Current academic program of study
Detail of all JWCC courses, degrees, and/or certificates

Uses:

Official: To be sent to other colleges, for employment applications, application for licensure, scholarship applications, or anytime an "official transcript" is requested.*

Quantity: _____

Unofficial: Personal use, advising

Quantity: _____

***(Please complete a separate form for each school or organization)**

Identifying information: Last 4 of SSN# _____ Date of Birth _____ / _____ / _____

Full Name: _____

Previous names if applicable: _____

Address: _____

City, State, Zip: _____

Telephone: _____ e-mail: _____

Please send my transcript to:

I authorize the release of my transcript as indicated above.

Sign _____ Date _____