



SJRCC TRANSCRIPT REQUEST FORM

St. Johns River Community College

ATTENTION: RECORDS OFFICE

5001 St. Johns Avenue

Palatka, FL 32177

Fax: (386) 312-4048

PLEASE PRINT

Name: _____
Last First Middle/Maiden

Date of Birth: _____ Student ID Number _____

Address _____
Street, Route or Box# City State Zip

Date of Request: _____ Daytime Phone Number (_____) _____

Signature of Student _____

CHECK ONE:

- Please send transcript immediately.
- Please wait until the end of the current term. Applied to graduate. (Check if applicable.)
- Please send a preliminary transcript now and a final transcript at the end of the current term.

Official copy Unofficial copy Number of copies _____

Are you currently enrolled at SJRCC? Yes No

If not currently enrolled, dates of previous attendance at SJRCC _____ to _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I will pick up transcript(s) at the
 - Palatka Campus
 - St. Augustine Campus
 - Orange Park Campus
- Mail transcript(s) to the above address _____
- Mail transcript(s) to: _____

Important: if your record is not clear for any reason (application form not in order, parking violations, financial obligations, library books overdue, etc.), we will be unable to release your transcript(s). In such a case, we will notify you at the above address or telephone number. There is a 3-5 day procession period for all transcripts.

For Office Use Only: _____ By: _____