

## **Request For JSRCC Transcript**

Please mail, fax or email this form: Central Admissions and Records P.O. Box 85622 Richmond, VA 23285-5622

FAX Number: (804) 371-3650 or Email: Admissions@Reynolds.edu

Student's SSN:			EmplID:		
Last Name Home Address:	First Name	MI	Jr.,3rd	Date of Birth	
Contact Phone#:		Email Address	s:		
SIGNATURE OF STUDENT:			DATE:		
<ul> <li>A new form must be</li> <li>You may mail or FA</li> <li>There is no fee.</li> </ul>	INFORMA e completed for each transcrip X this request form <b>or</b> bring it	ATION FOR STUDE t request. to Enrollment Services.	<u>NT</u>		
<ul> <li>All bills owed to the</li> <li>Please allow 1 to 2 v</li> <li>The College does i</li> <li>To view your unoffice</li> </ul>	college must be paid in full. weeks for delivery. All official not FAX official transcripts. cial transcript please log on to the drop down and select view	MvRevnolds Online. Clic		ne address you provide. vice> Student Center> Other Aca-	
Check only <b>one</b> option	PLEAS	E PRINT CLEARLY			
☐ Mail as soon as p OR	ossible (Complete mailing info	ormation below).			
	ip as soon as this semester's	grades are available (Co	mplete ma	iling or pick-up information below).	
	p after I graduate from JSRC0	C (Check semester below	v and comp	olete mailing or pick-up Information).	
	FALL (Aug - Dec) 20	SPRING (Jan - May) 20	[	SUMMER (May - July) 20	
□ Pick up when ready from Central Admissions and Records, Parham Rd Campus, Georgiadis Hall, Room 207. (Anyone picking up a transcript must present a picture ID)					
Please call me at:	I a	uthorize		to pick up my transcript.	
☐ Mail an official JSRCC	transcript to:				
	Stroot Address		City	State 7in	

JSRCC Form No. 11-0005 Transcript Request form 07-2015