

REQUEST FOR TRANSCRIPT

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First) Maiden

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Day Phone Evening Phone

\_\_\_\_\_  
Student Signature (Required)

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_

Please circle your answers:

Did you attend JJC prior to 1976? YES NO

Would you like us to hold the transcript until your degree and/or certificate is posted on the transcript? YES NO

If yes, have you applied for graduation by using the kiosk and submitting the form to the Graduation Department? YES NO

Would you like us to wait until after grades have been posted at the end of the semester before issuing the transcript? YES NO

If yes, which semester? FALL SPRING SUMMER 1 SUMMER 2 SUMMER 3

Do you want us to wait until after a grade has been changed to issue the transcript? YES NO

If yes, what class?  
\_\_\_\_\_ course semester year

*If the transcript is to be mailed, please fill in the following:  
(Please note that once the envelope for the transcript has been opened, it is NO LONGER considered "Official", so it is best to have it sent directly to the institution.) \*Transcript Service by mail = \$5.00*

\_\_\_\_\_  
Organization and/or Individual

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Joliet Junior College  
Attention: Transcripts  
1215 Houbolt Rd.  
Joliet, IL 60431-8938

Any questions?  
Please call - 815-729-9020  
Ext. 2242 or Ext. 2743