

JEFFERSON COMMUNITY COLLEGE TRANSCRIPT ORDER
Registrar's Office, Jefferson Community College
1220 Coffeen St., Watertown, NY 13601 FAX: 315-786-2349

No transcript will be released if the student has any outstanding financial obligations to the College or if any restrictive holds have been placed on the student's record.

Social Security Number _____

Birthdate _____

Last Name First Name MI Former Name

Current Address – Number and Street / PO Box

City, State, Zip Area Code Telephone No.

Current E-Mail Address Area Code FAX No.

Signature of Student--Signature required to authorize release of record

Dates of Attendance (Please check all that apply.)

1963-1989 1989-1992 1992-present

Your transcript includes all semesters you attended JCC.

DIRECTIONS ON WHEN TO SEND TRANSCRIPT -
CHOOSE ONLY ONE OF THE SELECTIONS BELOW.

NOW (current term grades might not be included)

(Allow 5-10 business days & mailing time)

HOLD until **final grades** have been posted for:

Fall Winter

Spring Summer

HOLD until current semester **degree** completion has been posted.

HOLD for grade change in the following course(s):

Course, Semester and Year Course, Semester and Year

Office Use:

Total Charges \$ _____ Amount Paid \$ _____

Pmt by cash check money order credit/debit card

Payment received date _____

Payment taken by _____ for Bursar's Office

Quantity of Transcript Copies needed: _____

Note: Five to 10 business days are required to prepare your transcript for delivery.

Select the Type of Transcript requested (choose one):

Official Copy issued to addressee below – mailed

Official Copy issued to student - mailed

Official Copy issued to student – for pick up

Student copy - mailed

Student copy – for pick up

Clearly print the complete delivery address.

FEES: Select delivery method and make payment to
Jefferson Community College.

\$ 6 **each** for regular 1st class mail or for pick up

\$12 **each** for USPS Priority Mail (includes transcript)

\$22 **each** for USPS Express Mail (includes transcript)

\$17 **each** for FAX transmission (FAX fee, plus unofficial FAX copy followed by official copy to be mailed in addition to FAX copy)

Specify a FAX # _____ and complete the address box above.

FOR PAYMENT BY CREDIT/DEBIT CARD:

MasterCard VISA Discover

Credit Card No. _____ - _____ - _____ - _____

Card Expiration Date _____ / _____

Cardholder's Name _____

Cardholder's Phone No. _____

Cardholder's Zip Code _____