

Please send this form via mail, fax or scanned email attachment to:
 James Sprunt Community College
 PO Box 398
 Kenansville, NC 28349
 910-296-1222 FAX or transcripts@jamesprunt.edu

Receipt #: _____
 Paid: _____
 Date: _____

JSCC - CURRICULUM TRANSCRIPT REQUEST FORM

- **The cost per transcript is \$5.00.** To pay by phone, please call the Business Office: **(910) 275-6132.**
- **For an Electronic Transcript:** please go to www.studentclearinghouse.org . Go to the Order-Track-Verify dropdown menu (on right side of screen in orange) and select Order or Track a Transcript. Select James Sprunt Community College from the dropdown menu and submit. Follow the directions on the screen to order and pay for your transcript. **(NOT OPTIONAL FOR STUDENTS WHO TOOK ALL THEIR CLASSES PRIOR TO 1986)**
- Transcripts printed by JSCC will be processed **ONLY** on **Monday** and **Thursday**. Transcripts will **NOT** be printed on **Registration Day, Grade Day** or the **first & last days of classes each semester**. If you have any questions please contact Student Services: **(910) 275-6360.**
- Curriculum classes for the AA & AS transfer programs, AGE, 2 year AAS programs (& related certificates), & 1 year diploma transcripts are printed by Student Services.

Student Information	
Name (Print):	Name While Attending JSCC: (Maiden Name, Etc.)
Street Address:	Date of Birth (Voluntary Disclosure):
City, State and Zip Code:	Daytime Phone Number:
Student ID Number (preferred) : OR SSN (Voluntary Disclosure):	Student Signature:

*Voluntary Disclosure is for locating your records ONLY!

- _____ ***Official Transcript:** Processed on Monday & Thursday after payment is processed in the Business Office and request form turned in.
- Please mail to the address/person listed below
- I will pick up or (ok for _____ to pick up for me)
- Hold for current semester grades/degree recorded
- Send one now and one at the end of semester. *(please pay for both now so there is not a delay at the end of semester)*

Company/Name/School: _____

Address: _____ City/State: _____ Zip Code: _____

* Fax an Unofficial Transcript To: _____ Attention: _____

Please note that you may print an unofficial transcript (at no cost) using your WebAdvisor.

Office Use Only:

Mailed/Faxed: _____

Pick up: _____