

JARVIS CHRISTIAN COLLEGE

Office of the Registrar

P.O. Box 1470

Hawkins, TX 75765

Transcript Request

Name: (Print) _____ ID#: _____ Date: _____

Address _____ Telephone: _____

_____ Fax #: _____

_____ Fee Paid: \$ _____

Signature _____ D.O.B. _____

OFFICIAL transcripts are mailed to colleges, universities, agencies, and companies or in a sealed envelope to the requester.

UNOFFICIAL transcripts are mailed to the requester.

Transcript copies (OFFICIAL OR UNOFFICIAL) cost \$3.00 each, payable in cash, cashier's check, or money order.

Requestor should not send cash through the mail.

Last attended () ASEP () FALL () SPRING _____ or GRADUATED _____ or CURRENT _____

Mail _____ UNOFFICIAL transcript(s) to above address or mail _____ OFFICIAL transcript(s) to:

(1) _____	(2) _____
_____	_____
_____	_____
_____	_____

(3) _____	(4) _____
_____	_____
_____	_____
_____	_____

Request made () in person () by telephone () by fax () by mail () by contact through other staff/faculty person

Office use only

Federal Collections Balance Due: \$ _____ Date: _____ Signed: _____

Default Prevention Office Balance Due: \$ _____ Date: _____ Signed: _____

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Fee Paid at Cashiers Window Receipt # _____ for \$ _____

Transcript DENIED letter sent on _____ (see letter for details) Transcript Processed on _____ by _____

Reply to DENIED letter received on _____ Fee paid \$ _____ Mail returned as UNDELIVERABLE on _____