



PO BOX 2350 * SMITHFIELD NC 27577
PHONE: (919) 209-2018 FAX: (919) 989-7862

- Currently enrolled?
- Graduate? Year _____

Transcript Request Date: _____

Transcript Requests require a minimum of 24 hours to be processed.
Transcripts are not issued unless all financial obligations to the College are fulfilled.
The first transcript issued is free. After the first copy, others are \$1.00 each.

Student Name _____
Last First Middle Last 4 Digits of SS # or Student ID or Birthdate

Address _____
Street City State Zip

Phone _____
Home Business or Cell Phone Name as it appears on JCC records

Transcript type:

- JCC Curriculum
- Adult High School
- Continuing Education
- Enrolled prior to 1983
- GED (not available) Contact GED State Office (919) 807-7100
- Process after current semester grades are in
- Process after grade change in _____ class(es)
- I will pick up transcript
- Mail transcript

If you would like your transcript mailed, please complete the section below with the name and address where you want it sent. Please print legibly.

Student Signature

Date