

Official Transcript Request Form

Transcript Request Form Instructions:

1. Complete this form. Please print legibly.

2. Form may be:

Delivered to: Enrollment Services Office – Clock Tower Building Faxed to: 505-566-3500 Include Credit Card Information Scanned and emailed to: registrar@sanjuancollege.edu

Mailed to: SJC Enrollment Services, 4601 College Blvd, Farmington, NM 87402 Enclose Check or Money Order

Completed online at https://sanjuancollege.edu/transcripts

PLEASE NOTE:

- Requests will NOT be honored for a person who has a financial hold or another obligation to the college.
- ***Anyone picking up a transcript for a student must provide a current photo ID and the release below must be completed.***

	STUDEN	NT INFORMATION			
Student Signature*Federal law requires that the student sign & date this request.			Date_	Date	
Current Name					
All Former Names					
Current Address_					
Street		City	State	Zip Code	
Payment Information					
Name on Card Card Tyj	pe	Card Number		Exp Date	
Or pay by phone through the Business Office (505) 566-3396		Receipt Number	Amou	Amount Paid \$	
TRAN	SCRIPT	ORDER INFORMA	TION		
Electronic transcript deliv	ery is on	nly available if your c	order your transcrip	t online.	
TRANSCRIPT REQUEST 1					
1. Select <u>ONE</u> Delivery Method:					
Regular MailPick Up in Person	Unoffi	cial (No Charge)	Overnight (\$20.0	00 Plus \$10.00 Transcript Fee)	
*** Please allow (Name and Relationship to Student)				to pick up my transcript(s).	
2. Number of transcripts: (\$10.00 each)					
3. When to Process: (Select ONE)Today	After Gra	ades have posted	After degree has pos	ted	
Name of Recipient/Institution					
Mailing Address					
City		State	Zip Co	de	
TRANSCRIPT REQUEST 2 (if applicable)					
1. Select ONE Delivery Method:					
Regular MailPick Up in Person	Unoffi	cial (No Charge)	Overnight (\$20.0	00 Plus \$10.00 Transcript Fee)	
*** Please allow (Name and Relationship to Student)				to pick up my transcript(s).	
2. Number of transcripts: (\$10.00 each)					
3. When to Process: (Select ONE)Today	After Gra	ades have posted	After Degree has pos	ted	
Name of Recipient/Institution					
Mailing Address					
City		State	Zip Co	de	

Date Transcript sent: __

By: _

Office Use Only - Receipt No: _____ Fees Paid \$____ HOLD_____ 11-08-17