

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.***

STUDENT INFORMATION

Student Signature _____ **Date** _____
**Federal law requires that the student sign & date this request.*

Current Name _____ Phone _____

All Former Names _____ SJC ID or SSN _____

Current Address _____
Street _____ City _____ State _____ Zip Code _____

Payment Information

Name on Card _____ **Card Type** _____ **Card Number** _____ **Exp Date** _____

Or pay by phone through the Business Office (505) 566-3396 **Receipt Number** _____ **Amount Paid \$** _____

TRANSCRIPT ORDER INFORMATION

Electronic transcript delivery is only available if you order your transcript online.

TRANSCRIPT REQUEST 1

1. Select ONE Delivery Method:

____ Regular Mail ____ Pick Up in Person ____ Unofficial (No Charge) ____ Overnight (\$20.00 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 Grades have posted ____ After degree has posted

Name of Recipient/Institution _____

Mailing Address _____

City _____ State _____ Zip Code _____

TRANSCRIPT REQUEST 2 (if applicable)

1. Select ONE Delivery Method:

____ Regular Mail ____ Pick Up in Person ____ Unofficial (No Charge) ____ Overnight (\$20.00 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 Grades have posted ____ After Degree has posted

Name of Recipient/Institution _____

Mailing Address _____

City _____ State _____ Zip Code _____

Office Use Only - Receipt No: _____ Fees Paid \$ _____ HOLD _____ Date Transcript sent: _____ By: _____