

FREE Transcript Request

EMAILED FORMS MUST BE SUBMITTED WITH YOUR MJC STUDENT EMAIL, OTHERWISE THEY WILL NOT BE PROCESSED. Submit completed form by email to MJCESeForms@mjc.edu, in-person or mail to Enrollment Services.

Note to Student: This form can only be used for your FREE transcript options. If you would like to order transcripts by rush or express go online to www.studentclearinghouse.org. **You are limited to two free transcript requests as a student at MJC.** Additional requests will be assessed a fee. Please allow up to 10 business days for processing, plus additional mailing time.

NOTE: FORM MUST BE COMPLETED IN BLUE OR BLACK INK

Today's Date:						
Student Information First Name:		dle Initial:	Last Na	ame:		
			Birthdate:		(Ex: MM/DD/YYYY)	
	Academic Records (if any):					
Mailing Address:						
		Student Email:				
, , ,	under penalty and perjury I of fany information is incomple				- ,	
Student Signature:		Date:				
Send Transcripts To:						
College Name/Business/	Self/Other:					
Attention:						
Address/P.O. Box:		City		State:	Zip:	
Number of Copies:						
Check Appropriate Box	es:					
Type of Delivery:	y: Mail to address listed abo			Pick up in Enrollment Services Office *If you would like someone else to pickup your transcript, please write their name below:		
		on (CSU schools only) cation (UC schools only or CSU)		Note: Person listed above must bring valid photo		
College Name:				identification i	in order to pickup your request.	
		OFFICE USE ONLY				
Posted By:		Processed By:				
Posted Date:		Pro	ocessed Date:			

Free Transcript Request Form 2/1/2016_LY