CONTINUING EDUCATION (NON-CREDIT) JOHNSON COUNTY COMMUNITY COLLEGE TRANSCRIPT REQUEST



Complete form in blue or black ink only.

CCC ID# Date of Birth			Date of Request			
Name: Last	First	Middle		Maiden/Other Names		
Address		City		State	ZIP	
Student Signature Required	Home Phone	Work Phone				
Are you currently enrolled at JCCC? Yes No		Special Instructions: A. Process now, do not hold for semester grades B. Hold for end of Term grades				
If not enrolled at JCCC, when did you last attend?Year		Check both A and B if applicable C. Other Instructions				
** (COMPLETE THE FULL MAILII Note: Student is resp	NG ADDRESS AND PRI Onsible for correct add				
Send no. of copies to:		Send no.	of copies to:			
Name of institution or person to receive transcript		Name of institution or person to receive transcript				
Address		Address				
Address		Address				
City	State ZIP	City		State ZIP		
Send no. of copies to:		Send no. of copies to:				
Name of institution or person to receive transcript		Name of institution or person to receive transcript				
Address		Address				
Address		Address				
City	State ZIP	City		State ZIP		
CONTINUING EDUCATION JCCC, 12345 College Blvd., Bo Phone: (913) 469-2323						
Transcripts will be issued within two weeks. ALLOW AT LEAST FOUR WEEKS FROM THE E OF THE COURSE.			OFFICE USE ONLY Date			
All financial obligations must be reconciled befo						
Student signature required before transcripts can be released.			Transcript Holds			
Pursuant to Federal Law 93-380, this personal information is transferred only on the condition			Form Mailed			

Postcard Mailed _

consent of the student.

that JCCC will not permit any other party to have access to such information without the written