



Jersey College  
School of Nursing  
Transcript Request Form

Campus:  
Brandon  
Fax to: 813-246-5125

Please note:

1. You must be in good financial standing with the school to receive a transcript
2. Allow 48 hours to process transcript requests

**Student Information**

Name:		SSN or Student ID:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:		E-Mail Address:

**Enrollment Information**

Program: <input type="checkbox"/> LPN <input type="checkbox"/> RN	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Start Date _____	
Enrollment Status: <input type="checkbox"/> Currently Attending <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Drop (Left program before completion) <input type="checkbox"/> Graduated	

**Transcript Information**

Choose ONE:

- \_\_\_\_\_ Send OFFICIAL transcripts to (Requestor may pick up OFFICIAL transcripts, but it must have a printed address – All OFFICIAL transcripts will be mailed via USPS within 48 hours of request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Send UNOFFICIAL transcripts to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Will pick up

*I hereby authorize the release of my grades and related materials to the person(s) or institution named above:*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

DATE PROCESSED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

FINANCIAL CLEARANCE:  YES  NO