



**TRANSCRIPT REQUEST FORM
JOHN A. LOGAN COLLEGE
CARTERVILLE, IL 62918**

STUDENT ID _____

or

SOCIAL SECURITY NO: _____ - _____ - _____

(Must have SS# or ID or request will not be processed.)

PLEASE PRINT PLAINLY

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street/PO Box Apt. No.

_____ City State Zip

Telephone number

Are You Attending JALC Now? ___Y ___N
Did You Attend JALC before 1986? ___Y ___N

CHECK APPROPRIATE CATEGORIES:

TYPE OF TRANSCRIPT REQUESTED:

Mail as soon as possible ___

Baccalaureate/Occupational___
(Transfer/Credit Courses)
(Regular JALC Classes)

Hold for current semester grades ___

Hold until degree/certificate is posted ___

Adult/Continuing Education ___
(Non-Transfer Credit)
(BIN, ASE, ACE courses)
Both ___

Pick-up at Admissions Office ___

**NOTE: TRANSCRIPTS WILL NOT BE PROCESSED UNTIL ALL ACCOUNTS WITH THE COLLEGE ARE PAID!
A TRANSCRIPT CAN ONLY BE PICKED UP BY THE STUDENT WITH A PHOTO ID**

I AGREE TO THE RELEASE OF MY ACADEMIC RECORD

SIGNATURE: _____

DATE: _____

PRINT IN SPACE BELOW **COMPLETE NAME AND ADDRESS** OF PERSON/INSTITUTION TO WHICH
TRANSCRIPT SHOULD BE MAILED:

Requested number of copies: _____ (Limit 5)