



John A. Logan College

Transcript Request Form for Current or Potential Employer

JALC Student ID (if known) _____

First Name Middle Name Last Name

Street Address City State Zip Code

Telephone/Cell Number _____ DOB (MM/DD/YYYY) ____/____/____

Email Address _____ Prior Name(s) _____

Transcript(s) will be:

- Mailed to current/potential employer

Name/Organization _____

Address _____

City _____ State _____ Zip Code _____

- Emailed to current/potential employer

Email Address _____

To send a transcript to a third-party employer, John A. Logan College charges \$8 per transcript. To pay this fee over the phone, please call the Bursar Office at 618-985-2828 Ext. 8201 or in-person in Office C213.

- I authorize John A. Logan College to release my official transcripts to the third-party organization/individual listed above.*

Signature

Date