



## Transcript Release Request Form

The Family Educational Rights and Privacy Act of 1974 prohibits release of student information without the *student's written consent*. To release your official transcript, please complete this form and mail or fax to: Johnson State College, Registrar's Office, 337 College Hill, Johnson, VT 05656. Fax: 802-635-1409.

All requests are processed upon receipt unless the student indicates the transcript should be held pending current semester grades, or for graduates, verification of their degrees. Please indicate your preference:

Hold for current semester grades    Hold for degree verification    Send transcript now

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*\*\*\*Signature (REQUIRED): \_\_\_\_\_\*\*\*\*

All other names under which you may have attended JSC or other Vermont State Colleges:

Student ID# or last four digits of SS#: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**Please note:** All student records are maintained electronically except courses that were prior to the Summer 2002 semester, which are stored in paper form in the record archive.

Did you take any JSC courses prior to Summer 2002?     Yes     No

\*If courses were taken at other Vermont State Colleges before Summer 2002, a transcript will need to be requested directly from that college.

**PLEASE SEND MY JSC TRANSCRIPT TO:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE MET BEFORE A TRANSCRIPT WILL BE RELEASED.**