

PENSACOLA JUNIOR COLLEGE REQUEST FOR OFFICIAL TRANSCRIPT



TO: REGISTRAR

Name of High School, College, or University

Address of School

City

State

Zip Code

Please forward an official transcript of my academic work:

_____ College Transcript

_____ High School Record (showing graduation date or date of withdrawal)

_____ General Education Development Test Scores (GED)

_____ Transient Student Form/Letter of Good Standing (for non-degree transient students)

Mail transcript to:

**Admissions Office
Pensacola Junior College
1000 College Boulevard
Pensacola, FL 32504-8998**

The following information is furnished to assist you in locating my records:

Name _____

Name used when attending the institution listed above _____

Birthdate _____ Social Security Number _____

Date of Graduation _____ Date of Last Attendance _____

Current Address _____

City

State

Zip Code

If there is a fee for this service, please bill me at the address shown above.

Student's Signature _____ Date _____