

**Transcript Request Form  
Office of Enrollment Services**

**Mail or Fax to:**

- San Jacinto College Central  
8060 Spencer Hwy., Pasadena, TX 77505  
Fax: 281-478-3611
- San Jacinto College North  
5800 Uvalde Road, Houston, TX 77049  
Fax: 281-459-7125
- San Jacinto College South  
13735 Beamer Road, Houston, TX 77089  
Fax: 281-669-4717

**DO NOT FAX THIS REQUEST IF PICKING UP TRANSCRIPT.**

**Please Read Instructions**

1. All admission requirements and financial obligations must be met before official transcripts may be released.
2. Complete a separate Transcript Request Form for each destination to which you want transcripts mailed.
3. Transcripts may be released only with the written authorization of the student.
4. Except as noted below, allow at least 2 to 3 days for processing of Transcript Request.
5. **PROPER ID IS REQUIRED BEFORE A TRANSCRIPT IS RELEASED. (INCLUDE A COPY OF PICTURE ID WITH FAX REQUEST.)**
6. **If transcript is to be picked up, go to the Enrollment Services office on campus.**

**Please Print All Information Legibly**

**When were you first enrolled at San Jacinto College?**

\_\_\_\_\_                      \_\_\_\_\_  
Term                                      Year

**When were you last enrolled at San Jacinto College?**

I am currently enrolled

I last attended \_\_\_\_\_  
Term                                      Year

**Have you attended any other SJC campus?**

Central \_\_\_\_\_  
Term                                      Year

North \_\_\_\_\_  
Term                                      Year

South \_\_\_\_\_  
Term                                      Year

Mail \_\_\_\_\_ transcript(s) to the address below.  
No.

**Check one if transcript will be mailed**

- Mail Transcript(s) now
- Mail after degree is posted (within three weeks after term ends).
- Mail after current semester grades have been posted (within two weeks after term ends).

\_\_\_\_\_ Last Name                      First Name                      Middle Name

\_\_\_\_\_ Other names used while attending San Jacinto College

\_\_\_\_\_ Date of Birth                      Generated Student ID Number

\_\_\_\_\_ Current Street Address

\_\_\_\_\_ City                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code                      Daytime Telephone number

**I authorize release of my San Jacinto College transcript(s) as indicated below.**

\_\_\_\_\_ Student Signature                      Today's Date

Mail to	<b>For office use only</b>
	Date received
	Received by
	Date mailed