

Request for Official Transcript

Paris Junior College

Print this page and mail to:

Student Records
2400 Clarksville St
Paris TX 75460

Print this page and email to:

records@parisjc.edu

STUDENT ID OR SOCIAL: _____

Name of Student (while attending PJC) _____

Any other names: _____

Phone number: _____

Total Number of copies needed _____ Number needed in sealed envelopes _____

*FULL NAME OF COLLEGE/UNIVERSITY BEING SENT TO: _____

Attention: _____

Address: _____

City _____

State _____ Zip Code _____

WHEN NOT SENDING TO A COLLEGE OR UNIVERSITY PLEASE FILL-OUT THIS INFORMATION AND SIGN

*YOUR NAME OR BUSINESS NAME: _____

Address: _____

City _____ State _____ Zip Code _____

Signature (required to send transcript to home or business address): *Transcript mailed to home will be stamped issued to student.*

Signature: _____ Date _____

To change a name please attach copy of your social security card.

*PLEASE NOTE WE ARE UNABLE TO EMAIL OFFICIAL TRANSCRIPTS

FOR ADMISSIONS AND RECORDS USE ONLY

Hold on record - if so what is the hold? _____

Date Ordered: _____ By: _____

Date Mailed, SPEEDE, or Given to Student: _____

Comments: _____