

JUDSON COLLEGE
OFFICE OF THE REGISTRAR
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Phone: 334-683-5112 Fax: 334-683-5147
Email: Transcript@judson.edu

All transcript requests must be made by completing this form. Fill out this form completely with your signature. You may mail, fax, or e-mail this form to the address above. E-mail requests will only be accepted if a written signature is attached. Judson College does not fax or e-mail official transcripts. All official transcripts must be mailed.

No transcript will be issued for a student who has outstanding financial obligations to the College.

Student Name: _____
First Middle Last Last name when Judson student (if different than current)

Reason for Request: _____

Date of Birth: ____/____/____ **Years Attended:** _____

Last Four Digits of Social Security Number: _____

Phone Number: _____ **Email Address:** _____

Regular Mail: Number of copies ____ (**Official transcripts will be mailed only.**)

Fax or E-mail: Number of copies ____

Send Transcript To: (If you do not list a full address your transcript request will not be processed)

Send transcript as soon as possible.

Send transcript after current grades are recorded.

Send transcript after degree is recorded.

Signature: _____