

# Jacksonville University Transcript Request

Please Print:

**Last Name, First, Middle Initial:** \_\_\_\_\_

**Attended JU Under A Different Name** \_\_\_\_\_

**JU Student ID:** \_\_\_\_\_ **or Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Day Time Phone Number:** \_\_\_\_\_

**Attended JU as:** \_\_\_\_\_ Undergrad \_\_\_\_\_ Graduate \_\_\_\_\_ Both UG & Graduate

**Graduation Date or Dates of Attendance:** \_\_\_\_\_

**Number of Copies Requested:** \_\_\_\_\_

**Send Transcript:** \_\_\_\_ Now \_\_\_\_ Hold for Semester Grades \_\_\_\_ Hold for Graduation Date

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address** (Complete one form for EACH address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcript Fee:**

\_\_\_\_ **Free** Regular Process (10 per academic year) - Up to 5 days

\_\_\_\_ \$20.00 Rush - per copy (To pay fee go to: <https://www.ecsi.net/cgi-bin/webx.exe>)

\_\_\_\_ \$40.00 Rush/Overnight Mail (To pay fee go to: <https://www.ecsi.net/cgi-bin/webx.exe>)

**Transcripts will not be issued if financial obligations to the University have not been met.**

Mail Request To:  
Jacksonville University  
Registrar's Office  
2800 University Blvd. N  
Jacksonville, FL 32211-3394

Fax Request To:  
(904) 256-7086