



J&J HEALTHCARE INSTITUTE

Transcript Request Form

Name: _____

Student ID or SocialSecurity#: _____ Phone# _____

Address: _____

Special Options:

- Hold for Grades (Current semester grades only)
- Send via FedEx*-Not offered for P.O. Box & APO addresses
- Unofficial Transcript (Available free of charge)
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- Send via FedEx*-Not offered for P.O. Box & APO addresses
- Unofficial Transcript (available free of charge)

Send to:

Send to:

Total Number of Copies: _____

Official Transcript Fee: \$10 for the first copy and \$1 for each additional copy on the same request, This includes electronic, official copies. Unofficial transcripts are available free of charge.

***FedEx Shipping:** Additional \$20 fee per address within the U.S. & Canada. In addition to the Transcript fee, you will be charged the FedEx fee. International charges for FedEx delivery may be higher than \$20.

Required Authorization (Please Sign):

Student's Signature: _____ **Date:** _____

By signing this form you authorize the JJHI Registrar's Office to send your transcript(s) to the designated person or organization listed above.

Payment Information: (We also accept payment by check, money order or cash if you mail your request to our office.)

Credit Card #: _____ Expiration Date: _____

Billing Zip Code: _____ Card Security Code (CVC): _____

Contact Information & Instructions:

Submit completed form to:
 J&J HEALTHCARE INSTITUTE INC., Office
 1410 N Pine Hills RD
 Orlando, FL 32808
 Phone : (407) 839-3363
 Fax : (407) 839-3364
 Email: director@jjhi.net

Registrar's Use Only: Cashier's Initials: _____ Date: _____ Amount: _____ Payment Type: _____