

TRANSCRIPT REQUEST FORM
MISSISSIPPI COLLEGE SCHOOL OF LAW

151 East Griffith Street

Jackson, MS 39201

FAX 601-925-7115

E-mail address: kphifer@mc.edu

Date of Request _____

Signature _____

Print all names under which your records might appear.

Are you currently enrolled at MC ____? Were you enrolled prior to 1993 ____?

Social Security No. _____ (if attended prior to August 2007)

MC ID No. 700 _____ (if attended after August 2007)

Requestor's contact information:

Address: _____

Phone: _____

E-mail: _____

Send Transcript to: (if pdf requested, please see the release information required to the right)

Number of copies to this address

Hold for current semester grades

Hold until degree is posted

Send immediately
(check applicable block)

Transcript Fees:

No charge:

to current law students

**All other requests (payable only by cash,
check or money order)**

\$15.00 per transcript

For all pdf requests:

- Scanned transcripts will be sent to the MC e-mail address of current students only
- Student acknowledges by signature below that MC Law has permission to scan and send requested transcript via the MC e-mail system

Student signature

NOTE: If your record has been encumbered by financial indebtedness to Mississippi College, no transcript will be issued until the obligation has been cleared. Transcripts from other colleges or universities which have been sent to this office for our files may not be copied and must be obtained directly from those schools.

Student records are confidential and, in accordance with the Privacy Act of 1974 as amended, transcripts are issued only upon a written request of the student.

Total Due _____

Date Transcript Sent _____

Amount Received _____

Transcript Processed By _____