



TRANSCRIPT REQUEST FORM

Signed requests may be submitted in person, emailed to bjohnson@msdwt.k12.in.us or mailed to:
J. Everett Light Career Center, Attention: Bookstore, 1901 East 86th Street, Indianapolis, IN 46240-2347

PERSONAL INFORMATION <small>PLEASE PRINT LEGIBLY</small>		
FIRST AND LAST NAME		
CURRENT ADDRESS		CITY/STATE/ZIP CODE
LAST 4-DIGITS OF SSN	PREVIOUS NAMES (if any, while attending JEL)	TELEPHONE NUMBER
APPROXIMATE DATES OF ATTENDANCE		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
By signing below, I hereby authorize the release of my JEL LPN transcript:		
SIGNATURE: _____		DATE: _____
<small>(Student Signature is REQUIRED)</small>		

REQUEST DETAILS <small>(Please allow <u>at least 2 business days</u> to process.)</small>	
<input type="checkbox"/> # of Copies _____ (\$10 non-refundable fee per copy)	
_____ PICK UP @ JEL Bookstore I would like to pick up my transcript(s) on: _____. (B.Johnson will verify date with you and send further details.)	
_____ BY MAIL <small>*Transcripts will not be mailed until fee is received.</small> Mail my transcript to the address(es) below:	
ADDRESS #1 (if applicable):	ADDRESS #2 (if applicable):
ORGANIZATION OR NAME	ORGANIZATION OR NAME
ADDRESS LINE 1: (ATTN: TO A PARTICULAR PERSON)	ADDRESS LINE 1: (ATTN: TO A PARTICULAR PERSON)
ADDRESS LINE 2:	ADDRESS LINE 2:
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
OPTIONAL: Please contact me when my transcript is ready. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> via email: _____ <small>(email address)</small>	<input type="checkbox"/> via phone: _____ <small>(best contact number)</small>
To pay transcript fees, you may submit cash, check, or money order (written to J. Everett Light Career Center). If paying in person, paying by credit card is an option. Fees are non-refundable, regardless of whether a transcript is found.	

For questions, please contact Barb Johnson at 317-259-5269 x44080.