



JAMESTOWN BUSINESS COLLEGE

Request for Official Transcript

Return request to:

Registrar
Jamestown Business College
7 Fairmount Avenue
P.O. Box 429
Jamestown, NY 14702-0429
or
Fax to: (716) 664-3144

For more information, call (716) 664-5100.

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name while attending JBC: _____ Social Security #: XXX-XX-_____

Dates of Attendance: _____ Date of Birth: ____/____/____

Current Address: _____

Daytime phone number: (____) _____ e-mail: _____

Please send an unofficial transcript to the address listed above.

Mail official transcript to: Recipient: _____

Institution: _____

Street: _____

City, State, ZIP: _____

Signature: _____ Date: _____