

**REQUEST FOR TRANSCRIPT**  
 1709 St. Johns Bluff Rd. North  
 Jacksonville, FL. 32225  
 (904) 786-5383 Fax (904) 695-9742

Student Name:				
Date of Birth		Social Security Number		
Home Address:				
City:		State:		Zip:
Phone Number:		Email Address:		

I am requesting \_\_\_\_\_ copies of my transcript(s) from JTS (and/or) RMBC, I understand all requests for transcripts for "my" personal records will NOT be stamped with JTS's seal, and stamped "Student Copy". My signature below releases the school to send original, sealed copies of my transcripts to the following designated locations:

Check this box if you would like an Official Transcript in a sealed envelope to be sent to your above address.

**This transcript will not be for a student's personal records and will be void and unofficial if opened.**

Name:				
Attention:				
Address:				
City, State, Zip:				

Name:				
Attention:				
Address:				
City, State, Zip:				

**DEGREE INFORMATION**

Please complete the information listed below. Please list the name of your Facilitator. Please list each degree earned from JTS/RMBC, the graduation date as it appears on the degree below:

Facilitator's Name: \_\_\_\_\_

(Please print/type complete degree name)	(Date of Degree)
(Please print/type complete degree name)	(Date of Degree)
(Please print/type complete degree name)	(Date of Degree)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **(Required)**

Please check this box if you would like to order a wallet-sized degree card (+\$15.00 per card)

**"PLEASE REMIT \$5.00 PER EACH SET OF TRANSCRIPTS REQUESTED, ADD \$15.00 TO ORDER A WALLET-SIZED DEGREE CARD"**

All "Request for Transcripts" must be mailed to JTS with fees attached or Emailed or Faxed with credit card authorization. Upon verification of all fees being paid, transcripts will be mailed to the organization, school, or designated location requested above within seven to ten (7-10) working days. (If there is a balance owed for the degree program transcripts will not be released)

Credit Card Type: Visa    Master Card: \_\_\_\_ Other: \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_ Date of Charge \_\_\_\_\_

Credit Card Billing Zipcode: \_\_\_\_\_ CSC#/Last 3 Numbers on Back of Card: \_\_\_\_\_

# Alumni Membership

**BECOME AN ALUMNI EAGLE!**

By Becoming a Monthly Supporter



*Below you will find my commitment.*

<input checked="" type="checkbox"/>	Renewal membership ( For One Year )	\$10.00
<input type="checkbox"/>	Wallet-Sized Degree Card – Your Degree on a Wallet-Sized Card	\$15.00
<input type="checkbox"/>	Love Gift to Prison Ministry (Matthew 25:36)	
	<b>TOTAL ENCLOSED</b>	

*Make check payable to and mail to:  
International Fellowship of Graduates  
1709 St. Johns Bluff Road North  
Jacksonville, FL 32225*

*All credit card payments are billed to Revelation Message Inc.*

<b>Alumni Eagle Monthly Contribution:</b> Please charge my credit card each month and send my Alumni Eagle Membership Card	Day of the Month to Charge Card	Amount

Credit card type: Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Other \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Zipcode: \_\_\_\_\_ CSC#/Last 3 Numbers on Back of Card: \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Title                      First    Middle    Last

\_\_\_\_\_  
Street    City    State    Zip

\_\_\_\_\_  
Telephone    Email Address

Current Profession \_\_\_\_\_ Did Your Degree Assist You: \_\_\_\_\_

