

**New River Community College
Veterans Office
Joint Services Transcript (JST) Authorization Form**

Student Information

- Full Name (as listed in military records): _____
- Date of Birth: ____ / ____ / ____
- Last 4 Digits of SSN or DoD ID: _____
- Branch of Service: ☐ Army ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐ Air Force

Contact Information

- Phone: _____
- Email: _____

- ☐ Yes, I authorize NRCC to request my JST on my behalf.
- ☐ No, I do NOT authorize NRCC to request my JST.

Authorization to Request Transcript

I, _____ (print full name), authorize New River Community College to request and receive my Joint Services Transcript (JST) directly from the Department of Defense (DoD) on my behalf.

I understand that:

- This transcript will be sent directly to New River Community College and may be used for admission, transfer credit evaluation, academic advising, and/or certification of VA education benefits.
- This release is voluntary and will remain in effect until revoked in writing by me.
- This release is provided in compliance with the Family Educational Rights and Privacy Act (FERPA).

Student Signature: _____

Date: ____ / ____ / ____