



# Transcript Request Form

Date: \_\_\_\_\_

Please fill out one request form for each address to which you want your transcript sent.

SS Number:	Graduation Year:	Number of Copies:	
Last Name:	First Name:	Middle Initial:	Maiden Name:
Current Street Address:		Date of Birth:	
City:	State:	Zip Code:	Telephone Number:
Signature:		Email Address:	
<b>Please allow 3-5 working days for processing</b>			

Please indicate how the college is requiring the transcript to be sent:

Name (University/College or Group/Individual):		
Attention to (Department/Advisor's Name):		
Street Address:		
City:	State:	Zip Code:
Email address (provide email only if the college is requesting the transcript to be emailed):		

- There is no charge to ACTIVE students at CCS. However, alumni or other INACTIVE students will incur a \$5.00 charge for each transcript.
- Transcripts cannot be sent until ALL outstanding balances have been settled.
- Please allow 3-5 school business days for processing. Delays may occur during grading periods at the end of each quarter/semester.
- The student must verify with the University/College that the transcript was received.

## Office Use Only

Date Completed: \_\_\_\_\_

Initials: \_\_\_\_\_