

TRANSCRIPT REQUEST FORM

FOR GED TRANSCRIPTS PLEASE GO TO: <http://www.oregon.gov/CCWD/GED>

CLATSOP COMMUNITY COLLEGE

Student Services Center~1653 Jerome Ave., Astoria, OR 97103~PHONE: 503-338-2438 or 503-338-2411~FAX: 503-338-2503

Name when you attended CCC _____ CCC Student ID _____

Mailing Address _____

Social Security Number _____ Birth date _____

Years you attended Clatsop _____ Phone number _____

Signature _____ Date _____

Hold transcript until current term grades have been posted? YES NO

MAIL **FAX** **RELEASE** **OFFICIAL TRANSCRIPT TO:**

Name _____ Department _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone number _____ FAX number _____

MAIL **FAX** **RELEASE** **UNOFFICIAL TRANSCRIPT TO:**

Same as above **yes** **no**

Name _____ Department _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone number _____ FAX number _____

Number of **OFFICIAL** transcripts _____ \$5 each. Total = \$ _____

Number of **UNOFFICIAL** transcripts _____ No charge to mail; \$1 to fax. Total = \$ _____

Number of **FAXED** transcripts _____ **Official** \$6 each _____ **Unofficial** \$1 each. Total = \$ _____

- It is your responsibility to ensure that this form is complete and accurate.
- If we contact you because of an error and you do not respond, or if you tell us you will pick up your transcript and you do not, we will only retain your forms and/or transcripts for 30 days.
- After 30 days all forms will be destroyed. Please initial that you understand and agree. _____
- It may take up to five business days to process your transcript request.

CASH AMOUNT: \$ _____ CHECK AMOUNT/ NUMBER: \$ _____

VISA/MASTER CARD NUMBER: _____

EXPIRATION DATE/MAILING ZIP CODE: _____

Official transcripts, authenticated by signature and the Clatsop Community College seal are complete copies of work on file at this institution.