



Clatsop Community College

For Official Use Only

Holds Cleared

Transcript Fees Paid

Address change: Y N

Employee Initials: _____

Date: _____

Transcript Request

THIS FORM IS FOR REQUESTING OFFICIAL COLLEGE TRANSCRIPTS.
GED transcripts available at www.gedtestingservice.com/testers/gedrequest-a-transcript

PLEASE NOTE— Transcripts will not be released if:

1. There is a hold on your student record (financial or otherwise).
2. The **\$5.00 per transcript** processing fee has not been paid.

_____ CCC Student ID/Social Security Number

_____ Email

_____ Last Name (At the time of your attendance)

_____ First Name

_____ M.I.

_____ Date of Birth

_____ Street Address

_____ City

_____ State

_____ Zip

_____ Telephone

When do you want your transcript processed? (Please check one)

Immediately

Hold for Final Grades (Will be processed after grades are finalized)

Hold for Degree (Please check this if you have just graduated, so that your degree will be included)

Please allow 15 business days to process your request.

Print clearly, in the space below, the complete name and address of where you want your transcript sent.
Fill out a separate request form for each address to which you are sending transcripts.

Check this box if transcript mailing address is the same as above

MAILING INFORMATION-PLEASE PRINT CLEARLY

Institution Name:

Contact/Dept. Name:

Mailing Address:

City, State, Zip

Payment Information

Make check/ Money order payable to: Clatsop Community College

Visa/Mastercard/Discover # _____ Expiration _____ CVV# _____

If further information is needed we will contact you. If you request to pick up your transcript and you do not, we will retain your forms and/or transcripts for 30 days. After 30 days all forms will be destroyed.

You must sign this form before your request may be processed.

_____ Student Signature

_____ Date

This form can be delivered to the Welcome Center, Columbia 109, mailed, faxed or emailed to:

Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103 ♦ (503) 338-2411 ♦ Fax (503) 338-2503 ♦ registration@clatsopcc.edu