



**Clatsop
Community
College**

Transcript Request Form

Clatsop Community College

Transcripts — 1651 Lexington Ave — Astoria, OR 97103

Phone: 503-338-2411 — FAX: 503-338-2503—registrar@clatsopcc.edu

GED transcripts available at www.gedtestingservice.com/testers/gedrequest-a-transcript

Social Security Number _____ CCC Student ID _____ Birth date _____

I am/was a Clatsop CC student _____ Oregon Coast CC student _____ Year span of attendance _____

Your name while attending college _____

Other Names used _____

Your current mailing address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email address _____ Signature _____ Date _____

Include COMPASS test scores? _____ **NO** _____ **YES**

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

Hold transcript until degree has been posted? Term _____ **NO** _____ **YES**

#1) Official Transcript To: _____ Mail _____ Fax _____ or Release to a person on your behalf.

College Name/Person _____ Department _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone number _____ FAX number _____

#2) Official Transcripts To: _____ Mail _____ Fax _____ or Release to a person on your behalf.

College Name/Person _____ Department _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone number _____ FAX number _____

There is a \$5 fee for each official transcript.

There is a \$1 fee for ALL faxed transcripts.

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

It is your responsibility to ensure that this form is complete and accurate; however, if you require any assistance in completing a form, please request at the front counter.

- 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 retain your forms and/or transcripts for 30 days.
- After 30 days all forms will be destroyed. _____ Initial that you agree.

It may take up to fifteen business days to process your transcript