



# Transcript Request

Please allow 15 business days to process your request.

**For Official Use Only**

<input type="checkbox"/> Holds Cleared
<input type="checkbox"/> Transcript Fees Paid
Address change: Y <input type="checkbox"/> N <input type="checkbox"/>
Employee Initials: _____

**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#**

\_\_\_\_\_ **Date of Attendance** (If before 2010)

\_\_\_\_\_ **Last Name** (At the time of attendance)

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **M.I.**

\_\_\_\_\_ **Date of Birth**

\_\_\_\_\_ **Mailing Address**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**

\_\_\_\_\_ **Zip**

\_\_\_\_\_ **Telephone**

\_\_\_\_\_ **Email**

**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)

**Print clearly, in the space below, the complete name and address of where you want your transcript sent.**

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

<b>Institution Name:</b>
<b>Contact/Dept. Name:</b>
<b>Mailing Address:</b>
<b>City, State, Zip:</b>

**You must sign this form before your request can be processed.** *Use Adobe for Electronic Signature*

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

**Payment Information** *This portion will be securely shredded*

**Make check / Money Order payable to: Clatsop Community College**

- Cash**
- 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 or your card is declined, we will retain your forms and/or transcripts for 30 days.

**Submit Completed Form:**

**In Person:** Student Services Welcome Center, Columbia 109 | (503) 338-2411

**Mail:** Welcome Center, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103

**Email:** registration@clatsopcc.edu