

Name as it appears on card:___

COLUMBUS STATE COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING

PAYMENT MUST ACCOMPANY COMPLETED FORM

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING

TRANSCRIPTS WILL NOT BE RELEASED IF YOU HAVE A RESTRICTION ON YOUR RECORD.

EXAMPLE: PAST FEES DUE, PARKING FINES, LIBRARY MATERIALS OUT, ETC.

Bring or Mail Form To:

Telephone: (614) 287-5353 **Fax:** (614) 287-5446

Cashier's Office Hours of Operation:

Monday - Thursday: 8:00 a.m. to 6:00 p.m. **Friday:** 9:30 a.m. to 4:30 p.m.

prc/Revised Transcript Request Form/08-21-2008

REQUEST WILL NOT BE HELD FOR GRADE POSTINGS (E.G.: QUARTERLY GRADE POSTINGS, GRADE CHANGES)
PLEASE CHECK YOUR COUGARWEB ACCOUNT FOR CURRENT GRADE POSTINGS BEFORE ORDERING A TRANSCRIPT
PLEASE USE A SEPARATE TRANSCRIPT REQUEST FORM FOR EACH ADDRESS A TRANSCRIPT IS TO BE SENT

PLEASE PRI NT	
First Name: MI:_	Last Name:
	Dates of Attendance:
Street Address:	Apt. Number:
City:	
Daytime Telephone Number: ()	
☐ I have completed a degree at Columbus State Community College:	Program:Quarter/Year
Standard Processing (Please allow 7 business days from the receipt of the request by the Department of Records and Registration.) Number of copies:@ \$2.00 per copy	Same Day In-Person Pick-Up In-person pick-up requests may not be faxed for payment and processing. A photo ID is required for the student or individual picking up the transcript. Transcripts will not be released to an individual other than the student without detailed written permission signed by the student specifying the name of the person picking up the transcript. The letter, written by the student, must contain the following: Name of student, Student's Social Security Number, Address of student, Statement of permission to release official transcript, Name of person picking up transcript, Student's signature. Number of copies: @ \$15.00 per copy
Total number of copies ordered: for a total payment of: \$	
PLEASE SEND TO (REQUIRED): Please Print	
Is this transcript for graduate school admission purposes? \Box Yes	s \square No Is this transcript for employment purposes? \square Yes \square No
Recipient/Institution:	
Attention:	
Street Address:	
City:	State: Zip Code
SI GNATURE OF STUDENT (REQUIRED):	DATE:/
FOR OFFI CE USE ONLY Date received by Records and Registration	on:/ Date processed:/
Processed by: Restriction let	tter sent: Yes No Date letter sent://
PAYMENT TYPE: CASH CHECK MASTER CARD VI SA DI SCOVER Amount to pay: \$ CREDIT CARD I NFORMATION: Credit Card Number:	
Expiration Date: (mm/ yyyy) Three-digit Security Code: (The three digit number on the back of the card)	