

# TRANSCRIPT REQUEST FORM

## Clatsop Community College

Student Services Center – 1653 Jerome Ave – Astoria, OR 97103  
503-338-2438 – 503-338-2411 – FAX 503-325-5738

Name attended under \_\_\_\_\_ Clatsop CC student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_  
Years attended \_\_\_\_\_ Phone number \_\_\_\_\_  
Signature \_\_\_\_\_ Hold for current term grades **YES** **NO**

### PLEASE RELEASE OR SEND TRANSCRIPT TO

Name of college/Person \_\_\_\_\_ Attention/Department \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

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

Official transcripts-\$5.00 per copy      Faxed transcript copies-\$1.00      Unofficial transcripts-no charge

Number of official transcripts \_\_\_\_\_

Number of unofficial transcripts \_\_\_\_\_

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

Cash amount: \_\_\_\_\_  
Check number/Amount: \_\_\_\_\_  
Visa Number: \_\_\_\_\_  
Expiration Date/Mailing Zip Code: \_\_\_\_\_

Fees paid \_\_\_\_\_ Date Sent \_\_\_\_\_ Initial Completed \_\_\_\_\_