



Transcript Request Form

Cloud County Community College
Office of Student Records
PO Box 1002
Concordia, KS 66901-1002
(785) 243-1435 or 800-729-5101
FAX: (785) 243-9380
studentrecords@cloud.edu

Please print all requested information.

Name: _____
Last First Middle Maiden/Other Names

SSN or College ID# _____ Date of Birth: _____

Current Address: _____
Street City State Zip

Daytime Phone Number: _____ E-Mail Address: _____

Currently enrolled Yes No If no, last date attended CCCC _____

_____ Number of transcripts requested

Send transcript: Send now, do not hold for semester grades
 Send at end of current semester
 Hold until degree is posted

Any additional instructions:

The appropriate fee must accompany any request or the request will not be processed. Please allow up to 5 working days, upon receipt, for processing, **or two weeks for those sent at the end of the current semester or posting of degree.** Requests will be withheld from any student who owes the College money or property. Transcripts are released only by a request signed by the student. Official transcripts given to the student are stamped "Issued to Student." Some institutions will not accept such transcripts. It is your responsibility to check with that school.

<p>TRANSCRIPT MAILING INFORMATION:</p> <p>_____</p> <p>Name of School or Business</p> <p>_____</p> <p>Name of Person or Department</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State Zip</p>	<p>If by E-Mail or FAX, complete the following: (all faxed or emailed transcripts are marked unofficial)</p> <p>Place/Person:</p> <p>_____</p> <p>E-Mail:</p> <p>_____</p> <p>FAX Number (area code first):</p> <p>_____</p>
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Student Signature _____ Date _____

Processing fee for each official transcript is \$5.00. No charge for unofficial transcripts.

Total Amount Being Paid: _____

Payment Enclosed (check one) Check (# _____) Cash Money Order

OR

Credit Card Information: Visa Mastercard Discover

Card # _____ - _____ - _____ 3 digit code on back of card _____

Expiration Date: _____

Name on card _____

Billing address of cardholder _____
Street City State Zip

For Office Use Only: Date Transcript Was Sent: _____ Student Records Initials _____