



# Cloud County Community College

## Transcript Request Form



Office of Student Records, PO Box 1002, Concordia, KS 66901

Phone: (785) 243-1435 Fax: (785) 243-9380

studentrecords@cloud.edu

(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Maiden/Other) \_\_\_\_\_

(SSN or Student ID#) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Email Address) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

Currently enrolled?  YES  NO If NO, last date attended CCCC \_\_\_\_\_

Number of Transcripts Requested \_\_\_\_\_ Special Instructions \_\_\_\_\_

Send electronically using Parchment by visiting [www.cloud.edu/academics/transcriptrequest](http://www.cloud.edu/academics/transcriptrequest).

- Official Transcript** (\$5 each) *Mail only*
- Send now
- Send at end of semester
- Hold until degree is posted

- Unofficial Transcript** (Free)
- Send now
- Send at end of semester
- Hold until degree is posted

**Mail to:**

**E-mail or Fax to:**

\_\_\_\_\_  
(Name of Institution/Business)

\_\_\_\_\_  
(Name of Institution/Business)

\_\_\_\_\_  
(Name of Person/Department)

\_\_\_\_\_  
(Name of Person/Department)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Fax #)

**Student's Signature** \_\_\_\_\_

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

*Please allow up to 5 business days for processing and two weeks for those sent at the end of the current semester or posting of degree. Request will be withheld from any student who has a hold on their record. All requests must be signed by student. Official transcripts given to the student are stamped "Issued to Student." Some institutions will not accept such transcripts. It is the student's responsibility to check with that school.*

**Payment Information:**  Cash  Check  Credit Card  Money Order

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Total Amount Being Paid \$ \_\_\_\_\_