



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/transcript-request/

☐ **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:

(Name of Institution/Business)

(Name of Person/Department)

(Address)

(City, State, Zip)

E-mail or Fax to:

(Name of Institution/Business)

(Name of Person/Department)

(E-mail)

(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 \$ _____