TRANSCRIPT REQUEST

Note: Transcripts will not be processed during the 1st week of the term.

PLEASE PRINT OR TYPE

Date of Request	COCC ID # or Social Security Number	Telephone Number

Last Name	First Name	Middle Name	Former Name(s)	Date of Birth

Your mailing address _____

_____

Complete name & address to which transcript is to be mailed: (If more than one, enter the additional addresses on the back of this form.) _____

_____

Process this request: (Check one only)

- ☐ Standard
- ☐ Rush
- ☐ Hold for Grades
- ☐ Hold for Degree

Indicate number of copies.

____ OFFICIAL: In sealed envelope and mailed directly to second party. Carries the Registrar's signature.

____ OFFICIAL: Mailed to the student in a sealed envelope. Carries the Registrar's signature and is stamped "Issued to Student in a sealed envelope." In order to be valid, it must be delivered to second party in the sealed envelope.

____ OFFICIAL: Send to OSU-Cascades Admissions Office. All official transcripts on file will be sent to OSU-Cascades at no cost.
____ Please indicate if you have non-COCC transcripts on file to be sent.

____ UNOFFICIAL - Issued to Student. Note that free copies of your COCC transcript are available via your COCC Bobcat web account.

I HEREBY AUTHORIZE THE RELEASE OF MY TRANSCRIPT

Signature: _____

Your signature is required.

- The cost is $5 for the first transcript and $1 for each additional transcript when requested at the same time. Faxed or rush transcripts are an additional $5 fee.
- Don't forget to complete and submit the included payment voucher form if paying with a debit/credit card. Transcripts will not be sent without valid payment provided.
- **Please allow 7-10 days for processing standard requests.** Rush transcripts are **NOT** sent FEDEX or Express Mail.

Send your request and payment to:
Student Records - Enrollment Services, Central Oregon Community College,
2600 NW College Way, Bend OR 97701-5998 541-383-7500 541-318-3700 (fax)

Office Use Only:

Fee $ _____ Cashier _____ Method _____ Sent _____

CARD AUTHORIZATION FOR TRANSCRIPT REQUEST

Date of Request	COCC ID # or Social Security Number	Telephone Number

Last Name	First Name	Middle Name	Former Name(s)	Date of Birth

This voucher form is only required if you are paying with a debit or credit card. If you are paying with a check or money order, please include the payment with your request and disregard this form. Please note that we only accept VISA, MasterCard, and Discover. Please note, transcripts are shared between OSU-Cascades and COCC at no cost.

Card Authorization

Name on Credit Card: _____ ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: _____ Expiration Date: _____ Zip: _____

Send your request and payment to:

Student Records - Enrollment Services, Central Oregon Community College,
2600 NW College Way, Bend OR 97701-5998 541-383-7500 541-318-3700 (fax)

Office Use Only:

Fee $ _____ Cashier _____ Method _____ Sent _____