



ADULT BASIC EDUCATION  
Telephone (541) 504-2950  
FAX (541) 317-3071

2600 NW College Way, Bend OR 97701

### **\*Transcript Request\***

Date of this request: \_\_\_\_\_

To obtain a copy of your Central Oregon Community College Adult High School transcript, please provide the information below and enclose the proper payment.

\*\$5 for the first transcript requested and \$1 for each additional transcript ordered at the same time.

(COCC reserves the right to withhold transcripts from students who are in debt to the institution.)

*Transcript requests must be in writing with student's signature.*

Student's Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Official (sealed) \_\_\_\_\_ *(number needed)*

Unofficial \_\_\_\_\_ *(number needed)*

Send to: \_\_\_\_\_  
*(name and address of school or college)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to address above with proper payment and your transcript(s) will be sent.

Payment method: \_\_\_\_\_ *(amount)* Visa/MasterCard # \_\_\_\_\_  
*(\* \$5 first one, \$1 each additional)* \_\_\_\_\_ Cash/amount \_\_\_\_\_ Exp. Date \_\_\_\_\_  
\_\_\_\_\_ Check/amount \_\_\_\_\_ Account: GABE

Received by COCC: \_\_\_\_\_ Date: \_\_\_\_\_