

Mail form to:  
Admissions and Records  
COCC  
2600 NW College Way  
Bend, OR 97703

# Transcript Request

Central Oregon Community College

Email form to:  
transcripts@cocc.edu  
Fax form to:  
(541)-318-3700

**Please fill out form completely**

- This request is for paper transcripts only. Same-day electronic and paper transcripts may be ordered using the National Student Clearinghouse services located on the COCC website.
- Missing or incorrect information or past due balance may affect or delay your transcript request.
- Allow additional processing time during peak periods such as registration, start of term, final grade and degree posting.

**YOUR INFORMATION (Print clearly)**

_____	_____	_____	_____
Last Name	First Name	Middle Name	Student ID # or SSN
Other names used at COCC: _____			
_____			
Street Address			
_____			
City State, & Zip			
_____			
Telephone			
_____			
Date of Birth			
_____			

**Processing Time**

Standard  
8-12 Business days

Hold for Grades  
Transcripts will be processed after grades are posted and degrees/certificates are awarded.

**REQUEST TYPE**

Number of copies: \_\_\_\_\_ x \$7.00 per copy = Total \$ \_\_\_\_\_  
If more than one address, write additional addresses on the back

Check one

Official

\_\_\_\_\_

Unofficial

**SEND TO:**

\_\_\_\_\_

Non-credit

\_\_\_\_\_

OSU-Cascades (at no cost)

Please send all COCC and Non-COCC transcripts on file to OSU-Cascades

**PAYMENT INFORMATION**

_____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Name on Credit Card			
_____	_____		
Credit Card Number	CVV		
_____			
Expiration Date			

I authorize COCC to release my transcripts to the addresses above.

\_\_\_\_\_

\_\_\_\_\_

Student Signature (Required)

Date

For COCC use only

Fee: \_\_\_\_\_ Processed by: \_\_\_\_\_ Sent: \_\_\_\_\_