



ADULT BASIC SKILLS

Telephone: 541-504-2950

Fax: 541-317-3071

Email: jjgonzalez@cocc.edu

2600 NW College Way, Bend, OR 97703
Building: Metolius 212

High School Diploma Transcript Request

Date of this request: _____

To obtain a copy of your Central Oregon Community College High School Diploma 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: _____