

# Cowley County Community College Transcript Request Form

Registrar's Office  
Cowley County Community College  
PO BOX 1147  
Arkansas City, KS 67005-1147  
Fax: (620) 441-5250

Date Pd: _____
Amount: _____
Rec #: _____
Date Transcript mailed _____

**Complete all seven items and return with \$6.00 fee per copy to the above address. Fill out and print form. Allow 5 working days for processing and mailing, except at end of term allow 2 weeks.**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Address

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

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home telephone No. \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. Other last name(s) used on records (example: maiden) \_\_\_\_\_

Date of birth: \_\_\_\_\_

4. Number of transcripts to be mailed to address below \_\_\_\_\_

A transcript request will not be processed for a student with financial or other obligations to the College.

\_\_\_\_\_  
Recipient / Company / Institution (**DO NOT ABBREVIATE**)

\_\_\_\_\_  
Attn:

\_\_\_\_\_  
Street Address

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

*Note:* Student is responsible for correct address. Transcript(s) will be mailed to the address indicated above. If a transcript is to be sent to more than one address, use additional forms.

5. (Check one of the following)

\_\_\_\_\_ Send now, do NOT hold for semester grades

\_\_\_\_\_ Hold until semester grades are posted

\_\_\_\_\_ Hold until degree statement is posted

\_\_\_\_\_ Hold for change of grade/incomplete: Course \_\_\_\_\_ Term \_\_\_\_\_

Other instructions: \_\_\_\_\_

6. Method of payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_

Select one: Discover \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

7. Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**Some institutions will not accept "Issued to Student" transcripts.**