

Cowley County Community College Transcript Request Form

Registrar's Office
Cowley County Community College
PO BOX 1147
Arkansas City, KS 67005-1147
620-441-5239

Complete all seven items and return with \$6.25 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.