

**TRANSCRIPT RELEASE**

Date of Request \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Please release my transcript as I have indicated below. Dates Attended CCC \_\_\_\_\_

Signature \_\_\_\_\_ Main ☐ Coffeyville Tech ☐ Columbus Tech ☐**NOTICE**

Official transcripts are released only at written request of the student. **No official transcript is issued for a student who is indebted to the college, until such indebtedness has been paid in full.** Transcripts will be issued within one week, except at the end of each semester, or when the college is closed for winter and spring breaks, during which time

Number of Transcripts Requested \_\_\_\_\_

☐ Self, mail to address above☐ Mail☐ Fax to

Institution \_\_\_\_\_ Institution \_\_\_\_\_

Attention \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

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

- **Payment to Registrar's Office must accompany your request**
- **Personal checks are not accepted**
- **For faster processing, and the option to have your transcript sent electronically, submit your request at [www.Parchment.com](http://www.Parchment.com)**
- **Cash or Money Order Payment:** mailed transcript is \$3 each, faxed is \$5 each

☐ Debit or Credit Card Information☐ Cash or Money Order

Person Named on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Coffeyville Community College****Attn: Registrar's Office****400 West 11th****Coffeyville, KS 67337****Phone # 620.251.7700 ext. 2083 or 620.252.7075**

Date Transcript Sent \_\_\_\_\_

Payment \_\_\_\_\_