



COLUMBUS STATE COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING PAYMENT MUST ACCOMPANY COMPLETED FORM
PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING
TRANSCRIPTS WILL NOT BE RELEASED IF YOU HAVE A RESTRICTION ON YOUR RECORD.
EXAMPLE: PAST FEES DUE, PARKING FINES, LIBRARY MATERIALS OUT, ETC.

BRING OR MAIL FORM TO:
Columbus State Community College Cashier's Office - Rhodes Hall PO Box 1609 Columbus OH 43216
Cashier's Office Hours of Operation: (For in-person standard or same-day requests):
Monday - Thursday: 8:00 a.m. to 6:00 p.m. **Friday:** 9:30 a.m. to 4:30 p.m.
Form may be faxed, with Credit/Debit Card information to: (614) 287-5446

RRP:prc/Revised Transcript Request Form/08-26-2009

REQUEST WILL NOT BE HELD FOR GRADE POSTINGS (E.G.: QUARTERLY GRADE POSTINGS, GRADE CHANGES)
PLEASE CHECK YOUR COUGARWEB ACCOUNT FOR CURRENT GRADE POSTINGS BEFORE ORDERING A TRANSCRIPT
PLEASE USE A SEPARATE TRANSCRIPT REQUEST FORM FOR EACH ADDRESS A TRANSCRIPT IS TO BE SENT

PLEASE PRINT

First Name: _____ MI: _____ Last Name: _____
Previous name used while attending Columbus State Community College: _____
CougarID Number: _____ **OR** Social Security Number: _____
Dates of Attendance: _____
Street Address: _____ Apt. Number: _____
City: _____ State: _____ ZIP Code: _____
Daytime Telephone Number: (_____) _____ Evening Telephone Number: (_____) _____

I have completed a degree at Columbus State Community College: Program: _____ Quarter/Year _____

Standard Processing
(Please allow 7 business days from the receipt of the request by the Department of Records and Registration.)

Same Day In-Person Pick-Up In-person pick-up requests may **not** be faxed for payment and processing.
A photo ID is **required** for the student or individual picking up the transcript. Transcripts will not be released to an individual other than the student without detailed written permission signed by the student specifying the name of the person picking up the transcript. The letter, written by the student, must contain the following: Name of student, Student's Social Security Number, Address of student, Statement of permission to release official transcript, Name of person picking up transcript, Student's signature on the letter and the Transcript Request Form.

Number of copies: _____ @ \$2.00 per copy **Number of copies:** _____ @ \$15.00 per copy
Total number of copies ordered: _____ for a total payment of: \$ _____

Is this transcript for graduate school admission purposes? Yes No Is this transcript for employment purposes? Yes No

PLEASE SEND TO (REQUIRED): Please Print

Recipient/Institution: _____
Attention: _____
Street Address: _____
City: _____ State: _____ Zip Code _____

SIGNATURE OF STUDENT (REQUIRED): _____ **DATE:** ____/____/____

FOR OFFICE USE ONLY Date received by Records and Registration: ____/____/____ Date processed: ____/____/____
Processed by: _____ Restriction letter sent: Yes No Date letter sent: ____/____/____

PAYMENT TYPE:
 CASH CHECK MASTER CARD VISA DISCOVER Amount to pay: \$ _____

CREDIT CARD INFORMATION:
Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ (mm/yyyy) Three-digit Security Code: _____ (The three digit number on the back of the card)
Name as it appears on card: _____