

Delgado

COMMUNITY COLLEGE

REQUEST FOR TRANSCRIPT

Date mailed _____

Student's Name _____
Last First Middle

Address _____

City and State _____ Zip Code _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Telephone Number (____) _____

Are you presently enrolled? _____

Campus attended _____

Year started _____ Year ended _____

Transcript should be held for:

Current semester grades _____ Posting of Degree _____

Please prepare **(# of copies)** _____ transcripts

Mail transcript to (give complete address)

\$5.00 CHARGE FOR NORMAL PROCESSING TIME (3-5 business days).

Note: No cash or personal checks will be accepted. Please send a money order or a cashier's check only.

Signature _____ **Date Requested** _____

Your signature authorizing your transcript to be released is required.