



CHIPOLA COLLEGE
Admissions and Records
 3094 Indian Circle Marianna, Florida 32446-2053
 (850) 526-2761 www.chipola.edu

GRADE TRANSCRIPT REQUEST

Mail request to: Admissions and Records
 Chipola College
 3094 Indian Circle
 Marianna, FL 32446-2053

or Fax to 850-718-2287, Admissions and Records
 or Email to admissions@chipola.edu

- **All request must be completed and signed by the student.**
- **All signatures must be verified with a driver license or social security card. Please attach a copy when requesting transcripts by fax or mail.**
- Allow 2 - 5 working days for processing.
- Chipola does not accept verbal requests.
- Transcripts must be sent by mail, electronically or picked up as indicated on the request.
- **CHIPOLA DOES NOT FAX OR EMAIL TRANSCRIPTS.**
- All financial obligations to the college must be cleared before processing.
- Transcripts show all work completed at Chipola.
- Transcripts from other institutions cannot be duplicated.
- Dual enrollment students must have a final high school transcript on file upon graduation before transcripts can be released.
- Chipola does not charge a fee for transcripts.

Number of copies _____ (If mailed to more than one recipient, please complete separate forms for each address.)

Delivery Instructions

- ____ Send immediately.
 ____ Send at the end of the term after grades are posted.
 ____ Fall Semester ____ Summer I
 ____ Spring Semester ____ Summer II
- ____ Send after Grade Change has been made for the following:
 _____ Course in _____ Term

- ____ **Hold for Student Pick-up**
- Only the student can pick up the transcript unless otherwise stated in the original request.
 - Transcripts will be held for one week and then destroyed.
 - Student will be responsible for subsequent request.

____ **Mail to:** (Student is responsible for recipient name and mailing address.)

The student must complete the following to insure proper identification.

Social Security # _____

 First Name Middle Last Name

 Current Mailing Address

 City State Zip

Daytime Phone: _____

Birthdate: _____

List ALL previous names used _____

Program of Study at Chipola _____

Are you currently enrolled at Chipola? ____Yes ____No

Dates of Attendance at Chipola:
 From _____ To _____

Did or will you graduate from Chipola?
 ____No ____ Yes, when _____

Student's Signature **Date**

*(Note: **All signatures must be verified with a driver license or social security card. Please attach a copy when requesting transcripts by fax or mail.**)*

Office Use Only			
<input type="checkbox"/> Academic <input type="checkbox"/> Vocational <input type="checkbox"/> Continuing Ed <input type="checkbox"/> Xtender			
<input type="checkbox"/> Electronic <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up			
KF	KLR	JM	MA Date: _____