OFFICIAL TRANSCRIPT REQUEST

INSTRUCTIONS: Please scan or email completed and signed transcript request form to admissions@chipola.edu; fax form to **850-718-2287**; or mail form to **Chipola College Admissions & Records Office, 3094 Indian Circle, Marianna, FL 32446**. Please allow 3-5 business days for processing. **WE DO NOT FAX OR EMAIL TRANSCRIPTS.**

* REQUIRED INFORMATION – Request cannot be processed if required information is not provided. Please type or print clearly the information requested below. ONLY ONE REQUEST PER FORM.

PERSONAL INFORMATION

* Name: _____
Last Name, First Name, Middle Name

* Date of Birth *(MM/DD/YYYY)***:** _____ **Former/Maiden Name:** _____

* Student ID/SSN: _____ *** Dates of Attendance:** _____ to _____
MM/YYYY *MM/YYYY*

* Personal E-mail: _____ *** Daytime Phone Number:** _____

* Current Mailing Address: _____
_____
_____

TRANSCRIPT REQUEST *(ONE REQUEST PER FORM)*

* When should transcript be sent: ☐ *Now*   ☐ *Hold for Final Grades*   ☐ *Hold for Posting of Degree*

* Delivery Method (Please select at least one):

☐ Pick up   *Number of Copies:* _____

☐ Please allow the following person to pick up my transcript
   Name/Company: _____
   (Must show ID) _____

☐ Mail *(Include name of organization & full mailing address below)*
   Admissions Office will determine if the transcript can be sent electronically. Please still provide a mailing address.

_____ *Number of Copies:* _____
_____
_____

AUTHORIZATION

I understand that by signing this form I acknowledge that the information provided is accurate and complete to the best of my knowledge. I also understand that this request will not be processed if this form is incomplete or if I have a financial hold with the university.

* _____
Student's Signature

* _____
Date

OFFICE USE ONLY
Date Processed:
_____

Electronic / Mailed / Picked Up
(Circle One)

Processed By:
_____