

REQUEST FOR TRANSCRIPT

Student Name: _____ Date: _____

Please prepare a signed/sealed transcript for _____
College/University

Delivery Options: _____ Pick Up (CCS office) _____ Mail to College/University

Mailing Address: _____

Fee Schedule: **Current CCS Student - FREE**
(circle one) **CCS Graduate - \$5.00 Class of: _____**
 All Other - \$7.50 Date last attended: _____

Payment must be received with request (make checks payable to CCS)
Please allow two (2) weeks for processing