

COMPTON COMMUNITY COLLEGE
REQUEST FOR TRANSCRIPT

NAME _____
Last First Middle

OTHER NAMES USED _____

ADDRESS _____
Street City State Zip Code

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

STUDENT I.D. NUMBER _____ PHONE NUMBER () _____

Send with work in progress _____ Hold for final grades _____
Yes No Yes No

SIGNATURE _____ DATE _____

Transcript Fees:

\$3.00 for 3 to 5 school day processing
\$5.00 for next day processing

Number of transcripts needed _____ Amount paid _____

Purpose of this request: _____ Transfer to a 4-year college
(Check one) _____ Transfer to a 2-year college
_____ Job Advancement
_____ Military
_____ Personal
Are you a CCC graduate? _____
If so, what year? _____
If not, do you wish to be
evaluated for: AA/AS _____
Certification (GE/Achievement) _____

Name and address of person/college to receive transcript (if you prefer this transcript be given to you, write PICK UP). Identification or written authorization required if transcript is to be picked up by someone else.

Name/Institution

Address

If you have **repeated a course**, please let us know so we can adjust the transcript before processing.

When completed, please take this form to the Bursar's Office (Room C-36) for Processing.

Unable to process:
____ Processing fee not paid.
____ Incomplete address.
____ Outstanding debt with college.
____ No transcript under listed name.
(Have you changed your name?)

Other available services:
Academic renewal _____
Duplicate degree _____
or certificate \$20.00 _____
Conversion of units units x fees = _____
Other _____

Date sent: _____ By: _____