

**COFFEYVILLE COMMUNITY COLLEGE
TRANSCRIPT RELEASE**

Date of Request _____

Please Print

Name while attending Coffeyville Community College:

Last First Middle Maiden

Social Security Number: _____

Date of Birth: _____ Dates Attended CCC: _____

Number of Copies: _____ For: Self University Other

NOTICE TO STUDENTS

Transcripts are released only at written request of the student. No official transcript is issued for a student who is indebted to the College until such indebtedness has been paid in full. Transcripts will be issued within one week except at the end of each semester or when the College is closed (the last two weeks of December) during which time three weeks should be allowed. A fee of \$3.00 is charged for each copy of a transcript. A fee of \$5.00 is charged to FAX a transcript. If payment is made using a debit or credit card, the charge is \$5.00. **Payment to the Registrar's office must accompany your request. Payment must be made in cash or money order. Personal checks are not accepted.**

Student Signature

Current Address City State Zip

Phone Number Cell Phone Number

Credit Card Information (Name as it appears on the card) _____

Card # _____ Exp. Date: _____ Security Code: _____

Please send a copy of my CCC Transcript to: (Use reverse side for additional addresses)

Name of College, University, or Organization Attention

Street Address

City State Zip

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Date Transcript Sent _____ Receipt of Fee _____

Debts owed to CCC _____ For _____

**Mail to: COFFEYVILLE COMMUNITY COLLEGE
Attn: Registrar's Office
400 WEST 11TH
COFFEYVILLE, KS 67337
Phone# 620.252.7075 Fax# 620.252.7040**