

COLUMBIA COLLEGE TRANSCRIPT REQUEST

Please allow at least 48 hours for transcript processing. Only current students may request “unofficial” transcripts. All delinquent accounts with the business office must be cleared prior to requesting transcripts. Please print clearly.

NAME _____ DATE _____
 First Middle (Maiden) Last

CURRENT ADDRESS _____
 Street City State Zip

NAME WHILE ENROLLED _____ SS# _____

DATE OF BIRTH _____ PHONE NUMBER(S) _____

ATTENDANCE DATES _____

I request that _____ official copy (ies) of my transcript be sent to:

(1) _____

I request that _____ official copy (ies) of my transcript be sent to:

(2) _____

If transcripts are to be sent to more than 2 addresses, please complete an additional form.

Please check all that apply:

_____ Graduate Program	_____ Mail as soon as possible
_____ Undergraduate Day	_____ Hold for current semester grades
_____ Undergraduate Evening	_____ Hold for degree

SIGNATURE _____
(REQUIRED)

