



# COLUMBUS STATE COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

**COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING      PAYMENT MUST ACCOMPANY COMPLETED FORM**

**PLEASE ALLOW 10 (TEN) BUSINESS DAYS FOR PROCESSING**

**TRANSCRIPTS WILL NOT BE RELEASED IF YOU HAVE A RESTRICTION ON YOUR RECORD. EXAMPLE: PAST FEES DUE, PARKING FINES, LIBRARY MATERIALS OUT, ETC.**

**BRING OR MAIL FORM TO:**

**Columbus State Community College Cashier's Office - Rhodes Hall PO Box 1609 Columbus OH 43216**  
**Cashier's Office Hours of Operation:** (For in-person standard or same-day requests):  
**Monday - Thursday:** 8:00 a.m. to 6:00 p.m.    **Friday:** 9:30 a.m. to 4:30 p.m.  
**Form may be faxed, with Credit/ Debit Card information to:** (614) 287-5985  
**Make checks or money orders payable to:** Columbus State Community College

FRP:prf/Revised Transcript Request Form/08-24-2012

**REQUEST WILL NOT BE HELD FOR GRADE POSTINGS (E.G.: SEMESTER GRADE POSTINGS, GRADE CHANGES)**  
**PLEASE CHECK YOUR COUGARWEB ACCOUNT FOR CURRENT GRADE POSTINGS BEFORE ORDERING A TRANSCRIPT**  
**PLEASE USE A SEPARATE TRANSCRIPT REQUEST FORM FOR EACH ADDRESS A TRANSCRIPT IS TO BE SENT**

**PLEASE PRINT - ALL INFORMATION IS REQUIRED**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous name used while attending Columbus State Community College: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)    Student's Preferred E-mail Address (**REQUIRED**): \_\_\_\_\_

CougarID Number: \_\_\_\_\_ **OR** Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**Please update my address to the current address listed above.**

**Standard Processing** (Including all electronically transmitted transcripts)  
(Please allow 10 (Ten) business days from the receipt of the request by the Department of Records and Registration for the transcript to be mailed to the student or to be mailed and/or transmitted electronically to the other institution.)

**Same Day In-Person Pick-Up** In-person pick-up requests may not be presented via fax, mail, e-mail, telephone, text, or scanned and e-mailed for payment and processing.  
A photo ID is **required** for the student or individual picking up the transcript. Transcripts will not be released to an individual other than the student without detailed written permission signed by the student specifying the name of the person picking up the transcript. The letter, written by the student, must contain the following: Name of student, Student's CougarID Number, Address of student, Statement of permission to release official transcript, Name of person picking up transcript, Student's signature on the letter and the Transcript Request Form.

**Number of copies:** \_\_\_\_\_ @ \$2.00 per copy

**Number of copies:** \_\_\_\_\_ @ \$15.00 per copy

**Total number of copies ordered:** \_\_\_\_\_ **for a total payment of:** \$ \_\_\_\_\_

**PLEASE SEND TO (REQUIRED):** PLEASE PRINT COMPLETE NAME AND ADDRESS CLEARLY - TRANSCRIPT WILL NOT BE SENT WITHOUT COMPLETE NAME AND ADDRESS. **ONLY ONE ADDRESS PER TRANSCRIPT TO BE SENT**

Recipient/Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**SIGNATURE OF STUDENT (REQUIRED):** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY** Cashiers Restriction:  Yes  No    Comments: \_\_\_\_\_    Cashier: \_\_\_\_\_

Date transcript processed: \_\_\_\_/\_\_\_\_/\_\_\_\_    Transcript Processed by: \_\_\_\_\_

**ALL INFORMATION REQUIRED:**

**PAYMENT TYPE:**  CASH     CHECK     MASTER CARD     VISA     DISCOVER    Amount to pay: \$ \_\_\_\_\_

**CREDIT/ DEBIT CARD INFORMATION:** Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Three-digit Security Code (CVC Code):** \_\_\_\_\_ (This is the three-digit number found on the back of the credit/ debit card)

**Expiration Date:** \_\_\_\_\_ (MM/YYYY)    **Name as it appears on card:** \_\_\_\_\_