

# Transcript Request

## COLLEGE OF THE SISKIYOU

800 College Avenue, Weed, California 96094  
530-938-5500 (Phone) 530-938-5367 (FAX)

**Please complete all sections. Incomplete requests will not be processed.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name/Other Names \_\_\_\_\_

Student Identification Number **S000-**\_\_\_\_\_ SS# (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Signature of Student** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**PROCESS TIME: Transcripts will be processed within 3 business days, but may take longer during peak times. Emergency Transcripts will be processed and mailed or available for pick up within 24 hours.**

Number of copies: \_\_\_\_\_

- If currently enrolled at COS:

- Send Now
- Send at End of the semester
- Send After Degree Posted

- **Approximate Attendance Dates:** \_\_\_\_\_

*If you want your CSUGE or IGETC lower division general education certified, go to <http://www.siskiyous.edu/counseling/forms/CSUGECertification.pdf>. This certification is for students transferring from College of the Siskiyous to a university that requires a certification of their lower division general education. For more information please contact the Counseling Services office at (530) 938-5353, or by e-mailing [counselingservices@siskiyous.edu](mailto:counselingservices@siskiyous.edu)*

Policy Regarding Issue of Transcripts:

1. Your first two transcripts ever are free. Additional transcript fees are:
  - \$5.00 per official
  - \$20.00 per emergency transcript
2. All transcript fees **MUST BE PAID AT TIME OF REQUEST.**
3. Transcripts are **NOT** issued until **ALL** outstanding accounts with COS are paid.
4. We do not Fax or Email Transcripts.

**Method of Payment:** \_\_\_ Check (mail-in) Credit Card: \_\_\_VISA \_\_\_MasterCard \_\_\_ Discover

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ C VV2 (3 digit code on back) \_\_\_\_\_

Name on Card: \_\_\_\_\_ **Authorizing Signature:** \_\_\_\_\_

SEND TRANSCRIPT TO: (Print legibly – **Student is responsible for providing correct mailing address**)

Name \_\_\_\_\_

Attn: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Admissions and Records Use Only: Clerk \_\_\_\_\_ Date Sent: \_\_\_\_\_