

Transcript Request

COLLEGE OF THE SISKIYOU

800 College Avenue, Weed, California 96094
530-938-5555 (Phone) 530-938-5367 (FAX)

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

Last Name _____ First _____ Middle _____

Maiden Name/Other Names _____

Social Security Number _____ Date of Birth _____

Address _____

City, State Zip _____

Phone: () _____

Signature of Student _____ Date of Request _____

PROCESS TIME: Allow ten (10) working days for processing during the semester and three (3) weeks at the end of the semester. Faxed requests DO NOT pre-empt mail-in requests (unless \$10 emergency fee is paid). NOTE: When ordering transcripts, allow time for transcripts to be mailed to the receiving institution.

No. of copies: _____ Official _____ Unofficial

- If currently enrolled at COS: Send Now
 Send Now Showing Classes in Progress
 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

Policy Regarding Issue of Transcripts:

1. Your first two transcripts are free. Additional transcript fees are:
 - \$5.00 per official (additional copies are \$2.00 if requested at same time)
 - \$10.00 for emergency (mailed within 24 hours of receipt)
 - \$10.00 per copy for FAX. Faxed copies are not official.
 - \$3.00 non-official copy
2. All transcript fees MUST BE PAID AT TIME OF REQUEST.
3. Transcripts are NOT issued until ALL outstanding accounts with COS are paid.

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: _____