

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Transcript Request

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

Last Name: _____ First Name: _____ MI: _____

Maiden Name/Other Names: _____

Date of Birth: _____ Student ID#: S00 _____ or SSN: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Process Time: Transcripts will be processed within 3 business days, but may take longer during peak times. Once we turn a transcript over to the postal service, we will not be responsible for the delivery time.

Number of copies: _____

If currently enrolled at COS:

- Send now
- Send at end of the semester: Term _____
- Send **after** degree posted: Award Term _____
- Send **after** certificate posted: Award Term _____

Please check if you attended College of the Siskiyous prior to 1990

Approximate attendance dates: _____

Send Transcript to: (Student is responsible for providing correct mailing address)

Name: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Regarding Issue of Transcripts:

1. Your first two transcripts ever are free. Additional transcript fee is:
 - \$5.00 per official
2. All transcript fees **must be paid at time of request.**
3. We do not fax or email transcripts.

I authorize College of the Siskiyous to charge any past debts owed to the college and/or the cost of this request to my credit/debit card.

Method of Payment: Check (mail-in) Cash **Credit Card:** VISA MasterCard Discover

Card # _____ Expiration Date: _____ CVV2 (3-digit code on back) _____

Name on Card: _____

This signature authorizes the release of my transcript and the use of payment method on this form if payment is required.

Signature: _____

Office Use Only

Clerk

Date Sent