

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 fees are:
 - \$5.00 per official
 - \$20.00 per emergency transcript (must be requested before 4:00 pm, Monday - Thursday and pick up in person with ID)
2. All transcript fees **must be paid at time of request.**
3. We do not fax or email transcripts. For electronic transcripts, go to <https://www.siskiyous.edu/admissions/transcripts.htm>

Yes No 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: Cash 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: _____

For office use only

Clerk: _____ **Date Sent:** _____

Charge for Transcripts: _____ **Outstanding Balance:** _____