



TRANSCRIPT REQUEST FORM

FOR OFFICE USE ONLY	
Student Hold: Yes ____ No ____ (staff initials) _____	
Receipt#: _____	Date Processed: _____

PLEASE PRINT CLEARLY

Student ID# _____ Last 4 digits of Social Security # _____ Birth Date: _____

Last: _____ First: _____ MI: _____ Maiden/Former: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Please update my address and phone number as shown above for sending transcript only
(2 forms of documentation to prove domicile must be submitted to officially change address)

Note: Personal (unofficial) copies of transcripts may be downloaded via the website, www.ccbcmd.edu

Currently Enrolled: Yes No If NO, last semester/year you attended: _____

Note: First transcript is free, all Subsequent requests are \$10.00

Please fill out separate forms for different processing times

- | | |
|--|--|
| <input type="checkbox"/> # of Official Transcript(s) | <input type="checkbox"/> As Soon as Possible |
| <input type="checkbox"/> Unofficial Transcript (1 only) | <input type="checkbox"/> Hold for Grade Change or Grade Posted |
| <input type="checkbox"/> Pick-Up transcripts (photo ID required) | <input type="checkbox"/> After Grade Posted: (circle one) Fall Winter Spring Summer Year _____ |
| OR | |
| <input type="checkbox"/> Mail to Name/Address listed below
(provide additional addresses on reverse side) | <input type="checkbox"/> After Degree/Certificate Posted: (circle one) May August December |

SEND TO THIS ADDRESS:

Please Print Clearly. Include office to be routed to and entire address

NAME: _____

OFFICE: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

- I certify that I am the above listed person requesting transcripts of my academic record.
- We are bound by the Family Educational Rights and Privacy Act of 1974 not to release any information without the student's written authorization.
- I understand all obligations to CCBC must be cleared before transcripts will be released.
- Transcript requests will be processed within 3 business days (longer during grade processing).
- The Community College of Baltimore County does not fax transcripts.

Student's Signature

Date

***If you want someone else to pick up your transcript, you must provide a letter that authorizes the College to release your transcript to that individual. Photo ID is required for all pick-ups. Your transcript will not be released without your signed written permission.**

RECORDS AND REGISTRATION OFFICE

CATONSVILLE	800 South Rolling Road, Baltimore, MD 21228	443-840-4555	fax 443-840-4504
DUNDALK	7200 Sollers Point Road, Baltimore, MD 21222	443-840-3955	fax 443-840-3903
ESSEX	7201 Rossville Blvd., Baltimore, MD 21237	443-840-2955	fax 443-840-2411