



Transcript Request Form

Cochise College Transcript Office
 901 North Colombo Ave.
 Sierra Vista, AZ 85635
 800.593.9567
 Office: 520.515.5336
 transcripts@cochise.edu

FOR OFFICE USE ONLY:

Amount due:	
Received by/date:	

Student ID# or SSN:	Did you attend Cochise College prior to 1985? NO YES	Date of Birth:	Current Daytime Phone #:
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Complete Legal Name:

Current Mailing Address:

City, State, ZIP:

Maiden Name or Other:

Number of Official(s) <u>\$15 per transcript</u> Number of Expedited Official(s) <i>FedEx Overnight</i> <u>\$15 per transcript</u> <u>\$60 per envelope</u> Total # of Copies \$ Amount. Due

Official Transcript to: <i>Mail Recipient and complete address required</i>
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SPECIAL INSTRUCTIONS: Send as is Hold for current semester grades Hold until degree statement is posted Hold until AGEC is posted Other (specify)

Official Transcript to: <i>Mail Recipient and complete address required</i>
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Student Signature

Date

* Student is responsible for providing correct institution address(es)..