



# 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) <i>\$10.00 each printed copy</i>
Number of Expedited Official(s) <i>FedEx Overnight</i> <i>\$60 each printed copy</i>
Total # of Copies
\$                      Amount. Due

Official Transcript to:  <i>Mail Recipient and complete address required</i>
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<b>SPECIAL INSTRUCTIONS:</b>  Send as is Hold for current semester grades Hold until degree statement is posted Hold until AGEC is posted Other (specify)
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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).  
\* Transcripts will not be issued for students with outstanding financial obligation(s).