

FOR OFFICE USE ONLY:

ADSU	<input type="checkbox"/>	UTEC	<input type="checkbox"/>	<input type="checkbox"/>	OTC – Same Day	<input type="checkbox"/>	24-Hour Request	<input type="checkbox"/>	OWE \$ _____								
ARAI	<input type="checkbox"/>	ASPR	<input type="checkbox"/>	<input type="checkbox"/>	1 st	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	Other	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CREDIT	<input type="checkbox"/>	CASH	<input type="checkbox"/>	M.O.
PERC	<input type="checkbox"/>	SENT: _____								<input type="checkbox"/>	RET'ND FOR _____						

TRANSCRIPT REQUEST FORM

Columbia College

Complete and sign the form and mail or fax it to us with your payment, if payment is required.
When the transcript request has been received, please allow 7 to 10 working days for processing.

Please Note: Request will not be processed without the student's signature on the line below.

Today's Date: _____ Student ID or SSN: _____ Birth Date: _____

Name: _____ (Last) _____ (First) _____ (Middle) Prior Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Daytime Phone: _____ Cell Phone: _____

Signature: _____
(Request will not be processed without your signature)

Check the box if you'd like to pick-up your transcripts

SEND TRANSCRIPT TO: _____

Attention: _____ **Number of Copies:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transcript Fees:

- 1) First 2 copies free, lifetime. A \$5.00 fee is required for each additional copy.
- 2) 24-hour rush service requires a \$10 payment in addition to the per copy fee if applicable.
- 3) Immediate over-the-counter service for pick-up is \$20 in addition to the per copy fee, if applicable.

Priority mailing is not available.

Delivery method:

Regular service – 7 to 10 working days:

- SEND**
 PICK UP in the Admissions Office with photo ID (unclaimed transcripts will be shredded after 30 days)

Rush Service:

- 24 hour transcript request** –\$10 payment is required in addition to the per copy fee if applicable.
This service does not include any form of priority or overnight shipping.
 Over-The-Counter transcript request –\$20 payment is required in addition to the per copy fee, if applicable.

CHECK APPROPRIATE BOXES

Indicate which certification (if any) you like to have included with your official transcripts?

- General Education Certification – California State University campuses only
 IGETC Certification - California State University or University of California campuses only

Special Conditions – Leave blank if none apply:

- Hold for final grades – Select Term: Summer _____ Fall _____ Spring _____
 Hold for Grade Change
 Hold for posting of degree/certificate of completion

Payment Information:

Print and include with request **only** if fees owed and paying by credit card. If paying by check, this page is not needed.

Credit card information will be shredded after payment has been processed.

Credit Card

Visa Mastercard Discover

Name on Card: _____

Card Number: _____

Authorization amount: \$ _____

CVC Code (3-digit code on back of credit card): _____

Expiration Date: _____

Credit Card Authorizing Signature: _____

Billing Address for credit card:

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Mail or Fax to:

Columbia College
Admissions & Records Office
11600 Columbia College Drive
Sonora CA 95370 – 8582

Telephone: (209) 588-5233

Fax: (209) 588-5337

Email: hillr@yosemite.edu