



The Peninsula's Community College

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

Print both address boxes; they will be used for mailing.

NAME AND CURRENT ADDRESS OF STUDENT

Last:		First:	
Street:		Phone:	
City:	State:	Zip:	
Former Name:			

MAIL TRANSCRIPT TO:

School/Business:
Office or Person:
Complete Mailing Address:

Social Security/I.D. Number:
Date of Request:
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Attendance if Not Currently Enrolled
From: _____ To: _____
<input type="checkbox"/> Send as soon as possible <input type="checkbox"/> Student Pick-up <input type="checkbox"/> Hold for current semester grades to be posted* <input type="checkbox"/> Hold for current Degree/Certificate to be posted*
Number of Transcripts to be sent: _____
Student Signature: _____

***FOR HOLDS, DO NOT SUBMIT UNTIL TERM ENDS.**

Allow 7-10 days for processing.

For College Use Only:	
Processed By:	Date Sent: