

# OFFICIAL TRANSCRIPT REQUEST FORM

Clinton Community College

Registrar's Office

136 Clinton Point Drive

Plattsburgh, NY 12901

(518) 562-4123 Fax: (518) 562-4118

DATE:	CCC Graduate: YES NO If YES, DATE:
NAME**:	
ADDRESS: _____ _____ _____	SEND TRANSCRIPT: Check One Now: _____ End of Semester: _____
PHONE NO.	
Social Security # _____ - _____ - _____	Date of Birth: ____/____/____
Email Address:	
<b>Please complete a separate request for each College, University or Agency</b>	
# _____ <b>Transcript(s) needed:</b> (Include <b>COMPLETE</b> mailing address and any department if applicable.)	
College / Recipient Name: _____	
P.O.Box/Street: _____	
City: _____	
State/Zip Code: _____	
<b>SPECIAL REQUEST:</b> Any specific request to be sent with Official Transcript:	
<b><u>IMPORTANT!!!</u></b> Please read before signing request!!!! <b>Social Security Number must be included.</b> <b>Official transcripts generally take 2 to 4 working days to complete and mail.</b> <b>Midterm grades <i>NEVER</i> appear on official transcripts.</b>	
<b>STUDENT SIGNATURE:</b> _____  <b>**OTHER NAMES USED IN PAST :</b> _____	<b>OFFICE USE ONLY</b>
05/09	