



CONNORS
— STATE COLLEGE —

Official Transcript Request Form

Name: _____ CSC ID _____ Date of Birth: _____
 or SSN: _____
 Cell Phone: _____ CSC E-Mail: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Are you currently enrolled at CSC? Yes No

If yes, will you be graduating this semester? Yes No

If no, please indicate the last semester you attended CSC. Semester / Year _____

Number of Transcripts Requested: _____

If requesting copies to be sent directly to you, how many need to be in individually sealed envelopes? _____

Will pick up. Send now. Send after semester grades are posted. Send after my graduation date is posted on my transcript.

An address must be provided for each transcript requested. Please use back of form if necessary for additional addresses.

Name of Recipient / Company / Institution: _____

Name of Receiving Individual (if needed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

All official transcripts are issued through the Office of the Registrar of Connors State College. Students are able to access their Unofficial Transcript through Banner using their C-Key login. Students must provide a valid picture ID in order to pick up their transcript. No one else is eligible to pick up a student transcript unless this office has received the request in writing, with the person's name picking up the transcript, date and student's signature. In keeping in compliance with FERPA, Connors State College does not fax or e-mail official transcripts. If there is a hold on the account and/or unpaid balance, the request will not be processed until the account hold is satisfied.

Student
Signature: _____ Date: _____

Registrar's Office Use

Processed by: _____ Date: _____ Last Date of Attendance: _____