



TRANSCRIPT REQUEST FORM

To request a transcript in-person:

1. Submit this completed form to the Enrollment Services Center.
2. Pay transcript fee in the Bursar's Office.

FOR OFFICE USE ONLY	
Student Hold Yes ____ No ____	(staff initials) _____
Receipt# _____	Date Processed _____

PLEASE PRINT CLEARLY

CCBC ID# _____ Last 4 digits of Social Security # _____ Birth Date _____

Last _____ First _____ MI _____ Maiden/Former _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

To make an official change of address, submit a Change of Information form with **two** forms of documentation to prove your residency.

Unofficial transcripts are available on www.ccbcmd.edu. Click on MyCCBC and access SIMON.

Currently Enrolled Yes No If NO, last semester/year you attended _____

Type of Transcript	Delivery Method	When to Deliver (Submit a separate form for each different delivery time)
<input type="checkbox"/> Official transcript ____# (\$12.00 per transcript) (Cash or credit card information is NOT accepted by mail. Credit card payment is NOT accepted over the phone.) <input type="checkbox"/> Unofficial transcript (1 only)	Transcripts are sent electronically to participating institutions. <input type="checkbox"/> Check here if you DO NOT want to send your transcript electronically. OR <input type="checkbox"/> Pick up. <input type="checkbox"/> Mail to name and address noted on the bottom of this page. (Additional names and addresses may be listed on the back of this form.)	<input type="checkbox"/> As soon as possible <input type="checkbox"/> Send after grade is changed or posted <input type="checkbox"/> After grade is posted for semester or session (circle one) Fall Winter Spring Summer Year _____ <input type="checkbox"/> After degree or certificate is posted (circle one) May August December

- Transcript requests will be processed in 3 to 10 business days.
- CCBC does not fax transcripts.
- CCBC is bound by the Family Educational Rights and Privacy Act of 1974 (FERPA) not to release any information without the student's written authorization.
- Photo ID is required to pick up a transcript. A signed authorization letter by the CCBC student is required to release a transcript to anyone other than the CCBC student.

SEND TRANSCRIPT TO THIS ADDRESS.

Please Print Clearly

Name _____

College or Office _____

Address _____

City _____ State _____ Zip _____

- I certify that I am the above listed person requesting transcripts of my academic record.
- I understand all obligations to CCBC must be cleared before transcripts will be released.

Student's Signature _____ Date _____

To request a transcript by mail, send this completed form with payment check for total number of transcripts to:

Enrollment Services Center
CCBC Catonsville
 800 South Rolling Road
 Catonsville, Maryland 21228

Enrollment Services Center
CCBC Dundalk
 7200 Sollers Point Road
 Baltimore, Maryland 21222

Enrollment Services Center
CCBC Essex
 7201 Rossville Boulevard
 Baltimore, Maryland 21237

Enrollment Services Center
CCBC Owings Mills
 10300 Grand Central Avenue
 Owings Mills, Maryland 21117