

REQUEST FOR OFFICIAL TRANSCRIPT

Please note: Transcripts will not be released if financial obligations to the College are outstanding. Transcripts will be issued within one week of the request. Official transcripts are sent directly to the firm or school designated below, unless otherwise noted.

Student name		Cecil College ID or Date of Birth	
Street address			
City		State	Zip
Phone	Last 4 of Social Security Number		

- ☐ Please mail immediately
- ☐ Hold for pickup
- ☐ Hold for current semester's grades
- ☐ Hold for degree/certificate to be posted
- ☐ E-mail/Fax (Please note this transcript is **unofficial** and is for sending to another institution)

	Number of copies requested
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Send transcripts to:

Firm or School Name		
Street address		
City	State	Zip code

Student signature	Date
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OFFICE USE ONLY

<input type="checkbox"/>	Electronic transcript
<input type="checkbox"/>	Completed: Initials & Date _____