



BALTIMORE CITY COMMUNITY COLLEGE
 REGISTRATION & RECORDS
 2901 LIBERTY HEIGHTS AVENUE
 BALTIMORE, MARYLAND 21215
 410-462-7777

PLEASE PRINT- PRESS FIRMLY

TRANSCRIPT REQUEST

Fill out form completely and clearly. (INCOMPLETE FORMS WILL NOT BE PROCESSED.)
 Please read entire document.

LAST NAME _____ FIRST NAME _____ M.I. _____
 _____ - - - - -
 FORMER OR MAIDEN NAME _____ SOCIAL SECURITY NUMBER _____
 LAST ATTENDED _____ DATE OF BIRTH: _____
 _____ SEMESTER/YEAR _____
 GRADUATED YEAR: _____ MAJOR: _____
 Contact # _____ (h) _____ (w) _____

TYPE OF TRANSCRIPT (Check)

_____ OFFICIAL _____ UNOFFICIAL
 _____ CREDIT COURSES
 _____ CONTINUING EDUCATION/ NON-CREDIT COURSES

SEND TO: Name or College _____ (Complete forwarding address and department and/ or contact person).

Colleges, employment, certifications, etc.

WHEN SHOULD TRANSCRIPT BE PROCESSED? (Check)

_____ PICK-UP (The next business day after 12 noon)
 _____ ELECTRONIC TRANSCRIPT (ET) (24 to 48 hours—Participating Institutions)
 _____ SEND NOW (3 to 5 business days to process)
 _____ MAIL TO HOME (3 to 5 business days to process)
 _____ HOLD FOR GRADE _____ HOLD FOR DEGREE

NUMBER OF COPIES _____ FEE \$ _____
A fee of \$5.00 per. request

SIGNATURE _____
 DATE _____

NO TRANSCRIPTS WILL BE HONORED WITHOUT A SIGNATURE.

- *NOTE:**
1. Fill out one form for each official transcript.
 2. Fee must be paid before processing (cash, check or money order are acceptable forms of payment. **NO CASH ACCEPTED VIA MAIL**).
 3. Requests for partial transcripts will not be honored.
 4. Copies of transcripts on record from other institutions will not be sent.
 5. Official pick-up or mail to home transcripts do not need the full address (just include the name)
 6. Transcripts that are marked "pick-up" will be mailed to the student's home within a week, if not picked-up.

PRINT YOUR CURRENT NAME AND ADDRESS BELOW

We are bound by the Family Educational Rights and Privacy Act of 1974, not to release any information without the student's written authorization.

If you want someone else to pick-up your transcript or make a request for a transcript on your behalf, you must provide us with a letter which authorizes us to release your transcript to that individual. The individual must submit a form of identification (picture ID). Your transcript will not be released without your written permission.

ALL PURPOSE

STUDENT ACCOUNTING OFFICE USE ONLY	CASHIER'S OFFICE USE ONLY
APPROVED BY _____	PAYMENT REC'D BY _____
DATE _____	DATE _____

REGISTRAR'S OFFICE USE ONLY
DATE PROCESSED _____
STAFF INITIALS _____

**Obligations to the college must be cleared before a transcript is processed.
 Transcript(s) must be paid before processing.**