



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.**

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 10 am)
 _____ 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 \$2.00 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 pick-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 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. 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.**