

Transcript Request

COLLEGE OF THE SISKIYOU

800 College Avenue, Weed, California 96094

Phone: (530) 938-5500 Fax: (530) 938-5367 Email: registration@siskiyous.edu

Please complete all sections. Incomplete requests will not be processed.

Last Name: _____ First: _____ Middle: _____

Maiden Name/Other Names: _____

Student ID (if known): **S** _____ SS# (Optional): _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____

PROCESS TIME: Transcripts will be processed within 3 business days, but may take longer during peak times. Emergency Transcripts will be processed and mailed or available for pick up within 24 hours. Once we turn a transcript over to the postal service, we will not be responsible for the delivery time.

Number of copies: _____

If currently enrolled at COS:

- Send now
- Send at end of the semester
- Send after degree posted
- Send after certificate posted

Please check if you attended College of the Siskiyous Prior to 1990

Approximate Attendance Dates: _____

Policy Regarding Issue of Transcripts:

1. Your first two transcripts ever are free. Additional transcript fees are:
 - \$5.00 per official
 - \$20.00 per emergency transcript
2. All transcript fees **MUST BE PAID AT TIME OF REQUEST.**
3. Transcripts are **NOT** issued until **ALL** outstanding accounts with COS are paid.
4. We do not fax or email transcripts.

I authorize College of the Siskiyous to charge any past debts owed to the college and/or the cost of this request to my credit/debit card.

Method of Payment: Check (mail-in) Cash Credit Card: VISA MasterCard Discover

Card # _____ Expiration Date: _____ CVV2 (3-digit code on back) _____

Name on Card: _____ Authorizing Signature: _____

SEND TRANSCRIPT TO: (Print legibly – Student is responsible for providing correct mailing address)

Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

Admissions and Records Use Only: Clerk _____ Date Sent: _____