



P.O. Box 2216
Decatur, AL 35609-2216
Phone 256-306-2603
Fax 256-306-2941

REQUEST FOR TRANSCRIPT

Student Name _____
Last First Middle Former

Student ID/SSN _____ Birthday ____ / ____ / ____ Telephone (____) _____

Current Address _____
Street or P.O. Box City State Zip

Official Transcript Unofficial Transcript

NOTE: A CORRECT AND LEGIBLE ADDRESS MUST BE PROVIDED BY PERSON MAKING REQUEST FOR WINDOW ENVELOPE MAILING.

Institution/
Organization _____

Address _____

City State Zip

- Transcripts are WITHHELD for any student who owes the college money or property.
- Transcripts given to the student are stamped “Unofficial” if not noted otherwise.
- Transcripts are released only by a request SIGNED by the student.
- Transcript requests should be made at least TWO WEEKS before transcripts are needed.
- Every attempt is made to properly mail requests but the college can assume no responsibility for final delivery.
- No fee required to process transcripts.

Federal law requires student signature to authorize the release.

Student Signature Date

Send _____ copies
Qty.

Special Instructions (check one):

- A. Send NOW
- B. Hold until current grades are posted
- C. Hold until degree/certificate is posted
- D. Hold for change of grade/request for repeat
(Course _____)

Are you currently enrolled at Calhoun?

Yes No

Year last attended _____

FOR RECORDS OFFICE ONLY

Date Request Received _____

Date Transcript Mailed _____