

TRANSCRIPT REQUEST FORM

	F	OR OFFICE USE ONLY
Student Hold Yes N	No (staff initi	als)
Receipt#	Date Proces	ssed

To request a transcript in-person:

- 1. Submit this completed form to the Enrollment Services Center.

2. Pay transcript fee in the Bursar's Offi	Ce.					
PLEASE PRINT CLEARLY						
CCBC ID#	Last 4 digits of Social Sec	Last 4 digits of Social Security #		Birth Date		
Last	First	MI	Maiden/Former			
Address		_ City		State	_ Zip	
Home Phone	Work Phone		Cell Phone			
	ess, submit a Change of Information form with tv		– rove your residency.			
——————————————————————————————————————	able on www.ccbcmd.edu. Click on MyC	CBC and access SIMON.				
Currently Enrolled Yes N	If NO, last semester/year you attended _					
Type of Transcript	Delivery Method	When to Deliver (Submit a separate form for each different delivery time)				
 Photo ID is required to pick up a transcript to THIS ADDR Please Print Clearly 	ational Rights and Privacy Act of 1974 (FERPA) not anscript. A signed authorization letter by the CCB	-	semester or session or Spring Summer e is posted gust December	tten authoriz	ation.	
Name						
College or Office						
Address						
City	State	Zip				
	re listed person requesting transcripts of my academic recons to CCBC must be cleared before transcripts will be releas					
Student's Signature		Date				

To request a transcript by mail, send this completed form with payment (check only) for total number of transcripts to:

Enrollment Services Center CCBC Essex 7201 Rossville Boulevard Baltimore, Maryland 21237