

Mail form to:  
COCC Admissions and Records  
Attn: Transcripts  
2600 NW College Way  
Bend, OR 97703

# Transcript Request

Central Oregon Community College

Email form to:  
transcripts@cocc.edu  
Fax form to:  
(541)-318-3700

**Please fill out form completely**

- Same-day electronic and paper transcripts may be ordered using the National Student Clearinghouse.
- Missing or incorrect information or past due balance may affect or delay your transcript request.
- Allow additional processing time during peak periods such as registration, start of term, final grade and degree posting.

|   |                       |  |                     |
|---|-----------------------|--|---------------------|
| <b>YOUR INFORMATION (Print clearly)</b>   |                       |  |                     |
| _____   | _____                 | _____  | _____               |
| Last Name   | First Name            | Middle Name  | Student ID # or SSN |
| Other names used at COCC: _____   |                       |  |                     |
| _____   |                       |  |                     |
| Street Address  |                       |  |                     |
| _____   |                       |  |                     |
| City State, & Zip   |                       |  |                     |
| _____   |                       |  |                     |
| Telephone   |                       |  |                     |
| _____   |                       |  |                     |
| Date of Birth   |                       |  |                     |
| _____   |                       |  |                     |
| <b>REQUEST TYPE</b>   |                       | Number of copies: _____ x \$7.00 per copy = Total \$ _____       |                     |
| Check one   |                       | If more than one address, write additional addresses on the back |                     |
| Official  | _____                 |  |                     |
|   | Name                  |  |                     |
| Unofficial  | <b>SEND TO:</b> _____ |  |                     |
| One-time free transcript  | Address               |  |                     |
| Continuing Education  | _____                 |  |                     |
|   | City, State, & Zip    |  |                     |
| OSU-specify (at no cost)  |                       |  |                     |
| <input type="checkbox"/> Please send all COCC and Non-COCC transcripts on file to OSU |                       |  |                     |
| <b>PAYMENT INFO</b>   |                       |  |                     |
| For security purposes, please call 541-383-7229 to make your payment.                 |                       |  |                     |
| Comments:   |                       |  |                     |
| _____   |                       |  |                     |
| _____   |                       |  |                     |
| _____   |                       |  |                     |
| I authorize COCC to release my transcripts to the addresses above.                    |                       |  |                     |
| _____   |                       | _____  |                     |
| Student Signature (Required)  |                       | Date   |                     |

**Processing Time**

Standard  
8-12 Business days

Hold for Grades  
Transcripts will be processed after grades are posted and degrees/certificates are awarded.

For COCC use only

Fee: \_\_\_\_\_ Processed by: \_\_\_\_\_ Sent: \_\_\_\_\_ Received \_\_\_\_\_