

Name: _____
 Address: _____

(Include Postal Code)

DO NOT WRITE OUTSIDE OF THIS SPACE

Champlain Student No.:

 or Date of Birth

 Yr Mo Dy

Date of Request: _____

Telephone Number(s)

Home: _____
 Cell: _____

Are you currently at Champlain?

In the day division: Yes No
 In Continuing Education: Yes No

PLEASE NOTE:
 Official transcripts are not issued to the student,
 but are sent directly to the institution indicated.
TRANSCRIPTS ARE NOT SENT ELECTRONICALLY

Have you graduated?
 Yes When? _____ No

Send Transcript to:

(Include Postal Code)

DO NOT WRITE OUTSIDE OF THIS SPACE
 PLEASE PRINT CLEARLY & PROVIDE COMPLETE MAILING ADDRESS

Special Instructions - Please Mail:

Immediately
 After Final Fall results (January)
 After Final Winter results (June)
 After Final Summer results (August)

FOR OFFICE USE ONLY

Student Signature :

X

Date Mailed _____ Paid _____
 Per _____

PAYMENT INFORMATION: THERE IS A \$5.00 FEE PER INSTIUTION / ORGANIZATION THAT YOUR TRANSCRIPTS ARE SENT TO.

CHARGE TO: VISA MASTERCARD

NAME (As It Appears on Card): _____

CARD NUMBER: _____ EXPIRY: _____
 MO YR

CARD HOLDER SIGNATURE: _____

Once your payment has be processed, your payment information will be destroyed.