

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

Have you graduated?

Yes When? _____ No

PLEASE NOTE:
 Official transcripts are not issued to the student,
 but are sent directly to the institution indicated.

TRANSCRIPTS ARE NOT SENT ELECTRONICALLY

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 INSTITUTION / ORGANIZATION THAT YOUR TRANSCRIPTS ARE SENT TO.

CHARGE TO: VISA MASTERCARD

NAME (As It Appears on Card): _____

CARD NUMBER: _____

EXPIRY: _____
MO YR

CWV: _____

CARD HOLDER SIGNATURE: _____

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