

TRANSCRIPT REQUEST

Cottey College

Office of Academic Records

1000 W. Austin

Nevada, MO 64772

**PAYMENT* MUST
ACCOMPANY REQUEST**

Transcripts will not be issued for students with outstanding financial obligations to the College.

Please **Print** in ink:

Current Name _____ Date of request _____
Last First Middle

Address _____ Daytime phone # _____

_____ E-Mail address: _____

Name while attending Cottey _____ Dates attended:
From _____ to _____
year year

DOB: _____

<p>*FEE</p> <p>\$5.00</p> <p>\$2.00</p> <p>\$5.00</p> <p>Payment by cash, check or money order payable to Cottey</p> <p># of copies to be sent to institution below _____</p>	<p>Type of transcript requested:</p> <p>(✓one) _____ Official</p> <p>_____ unofficial</p> <p>_____ Faxed unofficial</p>	<p>Special instructions</p> <p>_____ send now</p> <p>_____ hold for semester grades</p> <p>_____ hold for degree posting</p> <p>_____ hold for "I" makeup/grade change</p> <p>_____ hold for pick up (photo ID required)</p>
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(Transcripts provided to student will be unofficial unless otherwise specified)

Send to: _____ (Please spell out name of college or university)

Student's

I HEREBY AUTHORIZE THE RELEASE OF MY TRANSCRIPT. **Signature:** _____
(Transcript will not be released without signature.)

The College does not release or certify copies of transcripts from other institutions. Students desiring transcripts of work completed elsewhere must order transcripts directly from the institution where the work was completed.

OFFICE USE ONLY:	ARO 04/08
Paid: \$ _____ Cash _____ Check _____	Comments: _____
Date Sent: _____	_____