



## TRANSCRIPT REQUEST FORM

**STUDENT INFORMATION – Required to identify your record (Please Print)**

Social Security Number		Date of Birth	
Full Name (Last, First, Middle)			
PO Box or Street Address		City	State
		ZIP Code	
First Term Attended	Last Term Attended	Phone	Email Address

**TRANSCRIPT FEES** - Payment by check, money order (payable to **Palau Community College**), cash, or credit card is required in advance.

PROCESS	FEE	QTY	TOTAL FEE
Regular Processing (2-5 business days)	\$3.00		\$
Rush (1 business day)	\$5.00		\$

**CREDIT CARD PAYMENT INFORMATION**

Cardholder's Name	Credit Card Number	Exp Date (mm/yyyy)
Authorized Amount to Charge	Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Code (last 3 or 4 digits in signature block)
Cardholder's Billing Address	Cardholder's Daytime Phone	

**TRANSCRIPT REQUEST INFORMATION**

**Request #1)** Number of copies for the request below: \_\_\_\_\_

Regular    Rush    Send after \_\_\_\_\_ semester grades are posted

Hold for pick up by: \_\_\_\_\_

Mail/Address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY  Request #1 – Send by/date \_\_\_\_\_

**Request #2)** Number of copies for the request below: \_\_\_\_\_

Regular    Rush    Send after \_\_\_\_\_ semester grades are posted

Hold for pick up by: \_\_\_\_\_

Mail/Address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY  Request #2 – Send by/date \_\_\_\_\_

**Request #3)** Number of copies for the request below: \_\_\_\_\_

Regular    Rush    Send after \_\_\_\_\_ semester grades are posted

Hold for pick up by: \_\_\_\_\_

Mail/Address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY  Request #3 – Send by/date \_\_\_\_\_

**Request #4)** Number of copies for the request below: \_\_\_\_\_

Regular    Rush    Send after \_\_\_\_\_ semester grades are posted

Hold for pick up by: \_\_\_\_\_

Mail/Address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY  Request #4 – Send by/date \_\_\_\_\_

<b>Signature</b> _____	<b>Date of Request</b> _____
Authorization Signature Required: I authorize release of my transcript as directed on this Transcript Request Form.	

**Transcript Policies**

- Transcripts will not be released to students with obligations (account balances, administrative holds) to the college.
- Transcripts are issued at the request of the student with their authorized signature. Transcripts will not be released to a third party without the written consent of the student.
- Official transcripts of credits earned at other institutions are not available for distribution by Palau Community College.
- A photo ID must be presented upon pick up of transcripts.

**For office use only**

Receipt Number: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Clearance: \_\_\_\_\_ Initial: \_\_\_\_\_

Date processed: \_\_\_\_\_ Initial: \_\_\_\_\_

mailed    emailed    delivered    picked-up    faxed