



Registrar & Records Office
 P.O. Box 9, Koror, Palau 96940
 Phone: (680)488-2470 Fax: (680)488-2447

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 REQUEST INFORMATION (Transcripts are sent now unless indicated below)

Regular Rush Send after _____ semester grades are posted

Request #1) Number of copies for the request below: _____

Hold for pick up by: _____

Address/Mail to: _____

OFFICE USE ONLY Request #1 – Send by/date _____

Request #2) Number of copies for the request below: _____

Hold for pick up by: _____

Address/Mail to: _____

OFFICE USE ONLY Request #2 – Send by/date _____

Request #3) Number of copies for the request below: _____

Hold for pick up by: _____

Address/Mail to: _____

OFFICE USE ONLY Request #3 – Send by/date _____

Request #4) Number of copies for the request below: _____

Hold for pick up by: _____

Address/Mail to: _____

OFFICE USE ONLY Request #4 – Send by/date _____

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 processing (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	

Signature _____ **Date of Request** _____

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: _____

Financial Clearance _____ Initial: _____

Date transcript mailed _____ Initial: _____

Date transcript picked up _____ Initial: _____

Date transcript faxed _____ Initial: _____