Transcript Request Form

Student Information (please print or type)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Maiden or Previous Name</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Social Security No.</td>
<td>Date of Birth</td>
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</tbody>
</table>

Check here to have current address updated on transcript/student record.

Current address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Telephone (daytime) Telephone (mobile) Telephone (work)

Email Address
Dates Attended

Types of Classes Taken (ex. academic, nursing, cosmetology, etc.)

Transcript Information

Check here to hold for grades until the end of the semester

<table>
<thead>
<tr>
<th>Number of Copies Requested</th>
</tr>
</thead>
</table>

Send by:

- Regular Mail (No charge)
- Fax (not official, $20 Fee)**
- 2-day Express Mail ($25 fee)**

**Additional fees may be paid by credit card. Please complete the information below.

Credit card type
Credit card number
Expiration date
V Code (3 digit code on back)
Billing Address ZIP

Mailing Information

Provide complete (name, street, city, state, zip) address(es) to be mailed OR name and number to be faxed. (To provide more addresses, print additional pages of this form).

Signature of Student

Date

The handwritten signature of the student is REQUIRED. Submit the signed form via email at transcript.request@cisco.edu, or fax 254-442-1449, or mail to: Cisco College, Attn: Transcript Clerk, 101 College Heights, Cisco, TX 76437.