



Transcript Request Form

Cochise College Transcript Office
901 North Colombo Ave.
Sierra Vista, AZ 85635
800.593.9567
Office: 520.515.5336
transcripts@cochise.edu

FOR OFFICE USE ONLY:

Amount due:	
Received by/date:	

Student ID# or SSN:	Did you attend Cochise College prior to 1985? NO YES	Date of Birth:	Current Daytime Phone #:
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Complete Legal Name:

Current Mailing Address:

City, State, ZIP:

Maiden Name or Other:

<p>Number of Official(s) \$10.00 each printed copy</p> <p>Number of Expedited Official(s) FedEx Overnight \$60 each printed copy</p> <p>Total # of Copies</p> <p>\$ Amount. Due</p>	<p>Official Transcript to:</p> <p>Mail Recipient and complete address required</p>
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<p>SPECIAL INSTRUCTIONS:</p> <p>Send as is</p> <p>Hold for current semester grades</p> <p>Hold until degree statement is posted</p> <p>Hold until AGEC is posted</p> <p>Other (specify)</p>	<p>Official Transcript to:</p> <p>Mail Recipient and complete address required</p>
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Student Signature

Date

* Student is responsible for providing correct institution address(es)..

Revised 4/2025