



# 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? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date of Birth:	Current Daytime Phone #:
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Complete Legal Name:

Current Mailing Address:

City, State, ZIP:

Email address:

Maiden Name or Other:

*Cochise College will send a notification to the email provided when your transcript has been processed. Please check your spam or junk folder.*

<input type="text"/>	Number of Official(s) \$10.00 each printed copy
<input type="text"/>	Number of Expedited Official(s) FedEx Overnight \$60 each printed copy
<input type="text"/>	Total # of Copies
\$ <input type="text"/>	Amount. Due

Official Transcript to:

☐ Mail Recipient and complete address required

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☐ Mail Recipient and complete address required

**SPECIAL INSTRUCTIONS:**

- ☐ Send as is
- ☐ Hold for current semester grades
- ☐ Hold until degree statement is posted
- ☐ Hold until AGEC is posted
- ☐ Other (specify)

Student Signature

Date

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

\* Transcripts will not be issued for students with outstanding financial obligation(s).

3/2023