



Tohono O'odham Community College

REQUESTS MUST BE MADE AT LEAST ONE WEEK BEFORE TRANSCRIPT IS NEEDED.

Office of Admissions and Records

Transcript Request

Fee for each official copy is \$5.00

Student Number/SS# _____ Birthdate _____

Student's Name: First, Middle, Last _____

Address _____

City _____ State _____ Zip Code _____

Previous Name, if any _____

Currently Enrolled; Yes No Last Semester
 Registered? _____

Print plainly in space below, name and address of individual or institution you wish to receive a transcript. Use a separate Request Form for each Addressee.

Name _____

Address _____

City _____ State _____ Zip Code _____

Copy 1 – Student's File
Copy 2 – Mailed to Student

Number of
Copies _____ Rate \$5.00 Total _____

Home Phone# _____ Work Phone# _____

Mail Transcript Immediately
(Will Not include Grades for Current Semester)

Will Pick Up

Hold for Current Semester Grades Semester _____
(Will be held for Final Grades)

Hold until Degree is posted

Hold Transcript for Course Correction
Specify Change (grade, credit hours, etc.)

Transcript requests will not be processed for students or alumni until financial obligations to the college have been met.

Student Signature _____ Date _____

For Office Use Only

Fee Due _____ Cashier _____ Fee Paid _____

Date Transcript Sent _____

Transcript Processor _____

Copy 3 – Cashier's File
Copy 4 – Fee Receipt

Tohono O'odham Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Reasonable accommodations, including materials in an alternative format, will be made for individuals with disabilities when a minimum of five working days advance notice is given. For the general public, please contact the TOCC information line at 383-8401, for TOCC students; contact the Disabled Student Resources Office.