



OFFICIAL TRANSCRIPT REQUEST

Campus: _____

Dates Attended: From: Semester _____ Year _____ To: Semester _____ Year _____

Program(s) in which you were enrolled: _____

Student Name: _____

Previous Name(s): _____

Social Security Number: _____ / _____ / _____ Phone Number: _____

Number of Copies Requested: _____

Please forward a copy of the requested transcript(s) to the address noted.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please forward an Official Transcript to the employer/educational institution noted.

COMPANY NAME: _____

Attention: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

EDUCATIONAL INSTITUTION: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use

Date Requested: _____ / _____ / _____ Administrative Fee: _____

Request Processed by: _____ Date Processed: _____ / _____ / _____

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
	PeopleSoft Implementation Team		
X	Instructional Services Committee	03/28/05	
X	Student Affairs Committee	03/28/05	
X	Faculty Leadership Team	03/28/05	
X	Statewide Leadership Team	03/28/05	
X	Campus Deans	03/28/05	
	Student Government Association		
	Financial Services Committee		
	Facilities Management Committee		
	Human Resources Committee		
X	LTC Executive Council	03/28/05	
X	Chancellor Approval	09/23/04	04/15/05

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SIGNATURE

Margaret Montgomery-Richard, Ph.D.
Chancellor