

Mail Form To:  
Enrollment Services  
SY CC 208  
P.O. Box 19210  
Portland, OR 97280-0210

# Transcript Request

Portland Community College

**Enrollment Services**  
Phone: 971-722-8888, Option 2  
Sylvania Fax: 971-722-4988  
Rock Creek Fax: 971-722-7419  
Cascade Fax: 971-722-5410  
Southeast Fax: 971-722-6336

**PLEASE FILL OUT THIS FORM COMPLETELY**

Missing information may affect or delay your transcript request

## YOUR INFORMATION (PRINT CLEARLY)

\_\_\_\_\_

Last Name	First Name	Middle Name	Student ID #
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Other names known at PCC \_\_\_\_\_

Check here if this is a new address or phone

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Special Instructions:

- Hold for current term grades.
- Hold until degree is posted.
- I will pick up at (select location):
  - Cascade, number of copies \_\_\_\_\_
  - Rock Creek, number of copies \_\_\_\_\_
  - Southeast, number of copies \_\_\_\_\_
  - Sylvania, number of copies \_\_\_\_\_
- Include CEU credits
- Priority mail - \$4.95 (not recommended if mailing to OR or WA).
- RUSH processing available for \$30.00 fee, payable at the Business Office (overnight mailing is not available).

## SEND OFFICIAL TRANSCRIPTS TO (maximum request of 3 transcripts per day):

Number of Copies \_\_\_\_\_  Check if address is same as above      Number of Copies \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

City, State & Zip \_\_\_\_\_

**I authorize PCC to release my transcripts to the addresses indicated above.**

\_\_\_\_\_  
Student signature (REQUIRED)

\_\_\_\_\_  
Date

- Please allow a minimum of 3-5 business days for processing. Allow additional time during peak periods such as registration, start of term, final grade posting and degree posting.
- RUSH transcripts will be processed immediately provided payment has been received.
- PCC cannot release transcripts from other schools.
- Transcripts cannot be released if there is a financial hold on your account.

### FOR PCC OFFICE USE ONLY

# of copies \_\_\_\_\_ ID \_\_\_\_\_

Amount \_\_\_\_\_ ID \_\_\_\_\_

Receipt \_\_\_\_\_ ID \_\_\_\_\_