

Mail Form To:
Enrollment Services
SY CC 201
P.O. Box 19000
Portland, OR 97280-0990

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 end of term grades/GPA.
- 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

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

Number of Copies _____ Check if address is same as above

Name _____

Address _____

City, State & Zip _____

Name _____

Address _____

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.
- PCC cannot release transcripts from other schools.
- Transcripts cannot be released if there is a financial hold on your account.
- Up to three (3) transcripts per day will be provided free of charge.

FOR PCC OFFICE USE ONLY

of copies _____ ID _____

Amount _____ ID _____

Receipt _____ ID _____