

# TRANSCRIPT REQUEST FORM

Date Dropped Off \_\_\_\_\_ Date Mailed \_\_\_\_\_ Date Picked Up \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

Year Graduating/year graduated from CDO \_\_\_\_\_

Student ID # \_\_\_\_\_

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

Phone # \_\_\_\_\_

Unofficial Transcript(s)

- I would like an Unofficial Transcript \_\_\_\_\_ (check) How many? \_\_\_\_\_  
This request may take 24-48 hours.

Official Transcript(s)

- Provide complete address(s) below. If you are requesting it to be mailed please note that it may take 2-3 business days.

\_\_\_\_\_  
NAME OF SCHOOL/SCHOLARSHIP

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

I will pick up transcript \_\_\_\_\_ Please mail this transcript \_\_\_\_\_

\_\_\_\_\_  
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