

## COAHOMA COMMUNITY COLLEGE Office of Admissions & Records 3240 Friars Point Road Clarksdale, MS 38614

## TRANSCRIPT REQUEST FORM

STUDENT NAME:Last	First	 Middle	Maiden	
Social Security Number:			. Date:	
Telephone Number: Email:				
COMPLETE THE FOLLOWING INFORMATION (CHECK APPLICABLE)				
Are you currently enrolled at CCC?	Yes	No		
If yes, enrolled in courses? On Campu	ıs (Regular) On	Campus (Evening)	Off Campus	
Did you attend prior to the year 1990? Yes No				
Graduated? Yes No If yes, year graduated If no, date last enrolled				
Please send copies of my transcript to the address below				
<ul> <li>Mail now</li> <li>Hold for final grades</li> <li>Picked up</li> </ul>				
Requested by: (Signature Required)				
GRADES ARE AVAILABLE 10 - 14 DAYS AFTER THE CLOSE OF EACH SEMESTER				
Student's Name and Mailing Address		Mail Transcript To		
CITY STATE ZIP CODE	CITY		STATE ZIP CODE	
FAX FEE \$13.00; Payable In Advance Date Sent			OFFICE USE ONLY           unt Rec'd \$           Sent           ssed By:	
Contact Information in Admissions Office:				
662-621-4696 or 662-621-4295 admissions@coahomacc.edu				

NON-DISCRIMINATION STATEMENT: Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities, and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Officer #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614; Phone: (662) 621-4853. Email: <a href="mailto:mhouston@coahomacc.edu">mhouston@coahomacc.edu</a>