

CARROLL COLLEGE HELENA MONTANA

TRANSCRIPT REQUEST

Last Name _____ First Name _____ Middle Initial _____

Former Name(s) _____

Student ID # _____ Social Security #: _____ Birthdate: ____ / ____ / ____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Please allow 48-72 hours to process your request for transcripts.

Student's Name & Current Mailing Address:

Number of Copies: _____ Today's Date: ____/____/____
Type of Transcript: Official Non-Official
Transcripts To Be: Picked Up Mailed Faxed
Transcripts Prepared: Now After Degree is Recorded
 After Final Grades are Posted

Transcripts are withheld if the student owes a debt to the College.

Please mail the form with your payment to the address listed below. We can accept *cash, check or money order.*

See the On-Line Transcript Ordering option at: <http://www.carroll.edu/academics/transcripts.cc>

Your very first transcript is free. A charge of \$5.00 will be assessed for each transcript thereafter.

Same Day Service Fee is an additional \$5.00 per transcript.

Request needs to be received by 9:30 A.M.

Send Transcripts to the Following Address(es) or Fax Number:

Student Signature: _____ Date: _____

If you would like confirmation that your transcript has been sent, place your email below:

Email Address: _____

Mail your payment and this completed form to:

Carroll College; Office of the Registrar; 1601 North Benton Ave.; Helena, MT 59625-0099