



# Request for Official Transcript Form

Please Complete, Print, Fax or Mail

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Address 1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Day Phone\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MM/DD/YYYY

Email address \_\_\_\_\_

If you would like the transcript sent to you at the above address, please check here:

I attended CMC:  Before 1981 – My last year of attendance was: \_\_\_\_\_

Now. I am currently enrolled at CMC.

### Send Transcript To:

College/University \_\_\_\_\_

Address 1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

\_\_\_\_\_ First free request

\_\_\_\_\_ Second free request

Processing time: 7-10 business days

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail:** Copper Mountain College  
Admissions Office  
P.O. Box 1398  
Joshua Tree, CA 92252

**Fax:** 760-366-5257  
**Email address:**  
officialtranscriptrequest@cmccd.edu

**Questions:** 760-366-3791  
866-366-3791 ext. 4232