



# Request for Official Transcript Form

Please Complete, Print, Fax or Mail

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

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

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

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

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

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

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

Day Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_

Attention: \_\_\_\_\_

First free request  Second free request

Note: Processing time is 7 to 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