



**COPPER MOUNTAIN COLLEGE**  
**OFFICIAL COLLEGE TRANSCRIPT REQUEST**  
**Admissions Office**  
**PO Box 1398, Joshua Tree, CA 92252**  
**760.366.3791**

Please fill out the form below and email to: **officialtranscriptrequest@cmccd.edu**

**Current Name:** \_\_\_\_\_  
**Former Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, ST, Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_  
**Last 4 SSN:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Please check all that apply**

- Update Copper Mountain College official school records with address/phone information above
- Currently enrolled      Dates of Attendance: \_\_\_\_\_
- Hold for Pickup
- Send now       Send after grades are entered
- CMC Nursing Program       Send after degree is awarded

**Send Official Transcripts to:**

Send to myself with the information provided above

College/University Name: \_\_\_\_\_  
Mailing Address 1: \_\_\_\_\_  
Mailing Address 2: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
ATTN: \_\_\_\_\_

**Transcript Fees and Processing Time:**

Type	Process Time	U.S. Mail	Amount Per	Quantity
First 2 Free	5-7 business days	Additional 5-7 business days	Free	

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

*For Office Use Only*

\_\_\_\_\_ Hold on file      \_\_\_\_\_ Free Copy Available      Clerk's Initials: \_\_\_\_\_