# COLUMBIA COLLEGE CHICAGO TRANSCRIPT REQUEST

600 South Michigan Avenue, Chicago, Illinois 60605-1996
(312) 344-7224

**Student Current Name & Address**

Last First

Street

City State Zip

Telephone

**Send Transcript To The Following Address:**

Enter the complete address. This form will be used with a window envelope.

Transcript processing time is 3 to 5 working days. Fee is $3.00 for each official copy. The fee for 24 hour processing is $10.00 per copy.

**Student Data**

Soc. Sec. # Date of Birth / /

Name Attended Under

Are you Currently Enrolled? ☐ Yes ☐ No

Have you Received a Columbia Degree? ☐ Yes ☐ No

Dates of Attendance: Beginning Ending

Number of Copies Requested

Attended as: ☐ Undergraduate ☐ Graduate ☐ Student-at-Large

**Please Check One:**

☐ Send Immediately

OR

☐ Hold Request For:

☐ Current Term Grades (circle one) Fall Spring Summer

☐ Degree Pending (circle one) Fall Spring Summer

☐ Grade Change

Signature Date