



Tohono O'odham Community College

REQUESTS MUST BE MADE AT LEAST ONE WEEK BEFORE TRANSCRIPT IS NEEDED.

Office of Admissions and Records

Transcript Request

Student Number/SS# _____ Birthdate _____

Student's Name: First, Middle, Last _____

Address _____

City _____ State _____ Zip Code _____

Previous Name, if any _____

Currently Enrolled; Yes No Last Semester
 Registered? _____

Print plainly in space below, name and address of individual or institution you wish to receive a transcript. Use a separate Request Form for each Addressee.

Name _____

Address _____

City _____ State _____ Zip Code _____

Number of Copies _____

Home Phone# _____ Work Phone# _____

Mail Transcript Immediately
(Will Not include Grades for Current Semester)

Will Pick Up

Hold for Current Semester Grades Semester _____
(Will be held for Final Grades)

Hold until Degree is posted

Hold Transcript for Course Correction
Specify Change (grade, credit hours, etc.)

Student Signature _____ Date _____

For Office Use Only

Date Transcript Sent _____

Transcript Processor _____

Tohono O'odham Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Reasonable accommodations, including materials in an alternative format, will be made for individuals with disabilities when a minimum of five working days advance notice is given. Contact the Counseling Office at (520) 479-2300 ext. 1210 or email: aespinoza@tocc.edu