TRANSCRIPT REQUEST FORM

MORGAN COMMUNITY COLLEGE

Student Identification

Date Requested: _____ Birth Date: _____

MCC Student ID: _____ Last 4 digits of SSN: XXX-XX- _____

Student Name: _____

Last *First* *Middle* *Any Former Names Used at MCC*

Address: _____

Phone: _____ ☐ *I attended MCC prior to 1987 and may have "hard copy" (non-computerized) transcripts*

Student Signature: _____

Student Signature required. Transcript requests made by anyone other than the student will not be processed.

Student Instructions to Transcript Office

Select ONE processing time:

☐ No need to hold for grades or degree postings--process immediately (allow 3-5 working days *plus* mailing time)

☐ Process **after** all my grades have been posted for the current term and year

☐ Process **after** all my grades & degree(s) earned are recorded for the current term and year.

Select delivery method(s):

NOTE: Any transcript issued to a student will be stamped "ISSUED TO STUDENT." Many institutions will not accept documents stamped as such.

☐ **I will PICKUP** transcript or I authorize _____ to pick my transcript up in 3-5 days.

****A PHOTO ID is REQUIRED for pickup by STUDENT or by AUTHORIZED PARTY****

Number of copies for pickup: _____

☐ **FAX** transcript in 3-5 days to: FAX Number: _____

FAXED Transcripts are NOT 'Official' and many institutions will not accept them.

☐ **MAIL** transcript in 3-5 days to address(es) listed below:

Name & Mailing Address #1:

Name & Mailing Address #2:

Print and Return Form

MCC Records Office, Attn: Transcripts
920 Barlow Road
Fort Morgan, CO 80701
or FAX to: 970-542-3114
or scan & email to: student.services@morgancc.edu

Print Form

Questions? Call 1-800-622-0216 ext. 3167 or (970) 542-3167 M-F 8am-5pm