

Transcript Request Form Requiring Documents

To Be Completed By MCCC

● **Student ID# or Social Security# (Last 4 Required)**

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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

● **SEND TO:**


**Additional Required**

**Information:**

● **Student Date of Birth:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

● **If you were registered under a different name, indicate former name here:**

\_\_\_\_\_

- *Student is responsible to provide a complete and legible address.*
- Enclose payment of \$5.00 for each transcript requested.
- Complete a separate request for each address.
- Requests will not be processed with financial obligations to MCCC have been satisfied.
- In-person requests require a valid photo ID
- No release of record to third party without student's written consent.

● **Type of document to be completed: by MCCC:**

\_\_\_\_\_

I permit the release of my official transcript and any additional documentation completed by Montgomery County Community College to the recipient listed above.

**Mail or Fax Request Form with additional documents to be completed by MCCC to:**

**MCCC ENROLLMENT SERVICES**  
**340 DeKalb Pike**  
**Blue Bell, PA 19422**  
**Phone: 215-641-6551**  
**Fax: 215-619-7188**

ACCEPTED FORM OF PAYMENT:

Checks, Visa, MasterCard,  
Discover and American Express

● **SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_  
**YOUR NAME AND COMPLETE CURRENT ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

● **Phone #:** \_\_\_\_\_

● **E-mail address:** \_\_\_\_\_

Card # \_\_\_\_\_ EXP. \_\_\_\_\_ SEC. Code \_\_\_\_\_