

TRANSCRIPT REQUEST FORM

COPPIN STATE UNIVERSITY
OFFICE OF RECORDS & REGISTRATION
2500 W. North Avenue
Baltimore, Md 21216

Today's Date _____

Student ID # _____ or Last Four Digits of SS# _____

SS# XXX-XX- Birth Date _____

Name _____
Last First MI Maiden

Current Address _____

City State Zip Code

Name you last attended under _____

Last Dates of Attendance _____

I want to PICK UP my transcript(s) I want my transcript mailed

Send To: _____
Company or person's name

Attention

Address

City State Zip Code

OFFICE USE ONLY

Received by _____ Date _____

Processed by _____ Date Mailed _____

Record Requested: (check one)

Undergraduate Number of Copies _____

Graduate Number of Copies _____

Type of Transcript: (check one)

Official Transcript Student Copy Hold for grades

Graduated ? Yes No

Signature _____