

Date: _____

Student Name: _____

Street Address: _____

City, State, Zip _____

Phone Number: () _____

Social Security #: _____

Send Transcripts to: _____

Pick up or Fax to: _____

Student Signature: _____

All transcript requests must be submitted in writing along with a \$3.00 fee per transcript.
(Check, cash, money order or credit/debit card accepted.)

Completed forms may be mailed to:
Attn: Registrar's Office, Collins College, 4750 South 44th Place, Phoenix, Arizona 85040
Or faxed to: (480) 557-9255

For credit card payment please fill out the following stub, sign and submit.

Expiration Date: _____	Amount Authorized to Charge Card: \$ _____
Credit Card #: _____	
Cardholder Name: _____ <small>(Please print)</small>	
Cardholder Signature: _____	

For Official Use Only _____

Date Processed: _____ Initials: _____ Pymt Type: _____