PENSACOLA CHRISTIAN COLLEGE®
P.O. BOX 18000 • PENSACOLA, FL 32523-9160

TRANSCRIPT REQUEST

In order to comply with the Privacy Act of 1974, transcripts of credits will be supplied to all students and former students only when requested in writing. All financial obligations to PCC must be met before transcripts are released. Requests are processed upon receipt and released within 5 – 10 business days, except for those being held for end-of-semester grades or a degree notation. During peak times, such as the beginning or ending of a semester, the process may be delayed**.**

First/Middle/Last Name _____

Former Name(s) Used _____

Street Address or Post Office Box _____

Daytime Telephone Number _____

City/State/Zip Code _____

E-mail Address _____

PCC ID **or** Date of Birth _____

TRANSCRIPT FEES

(Must be paid in advance)

All transcripts released are **official** transcripts.

Regular Mail: There is no charge for transcripts unless you are requesting more than nine transcripts at one time. **Then, the charge will be $1.00 per transcript, including the first nine.**

Regular Fax: $2.00 for the cover page and $1.00 for each page thereafter within the U.S. Internationally, $3.00 for the cover page and $2.00 for each page thereafter. **A faxed transcript may not be considered official by the recipient.**

- ❑ Regular Mail
- ❑ Regular Fax
- ❑ Pick Up (will call when ready)

ADDITIONAL SERVICES: $25.00 each*

Request must be received by Noon CST.
**International addresses may require an additional amount.*

- ❑ UPS Overnight Express Processing
  No P.O. Boxes
- ❑ Express Fax Processing
- ❑ Same-Day Pick-Up
  Transcript will be ready for pick-up at the Records Office by 3:00 p.m.

Please include your Visa®, MasterCard®, Or Discover® card number when requesting Fax or Express service.

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Exp. ☐☐ ☐☐ Zip ☐☐☐☐☐ CID ☐☐☐

Check One:

- ❑ Send Now
- ❑ Send End-of-Semester **Number of transcripts:** ☐

You must complete the following portion even if we are sending the transcript(s) to your home address. Additional addresses may be attached to this request.

Send To: _____

_____

Attention: _____

Address/PO Box: _____

_____

City/State/Zip or Country : _____

Fax #: _____

STUDENT SIGNATURE REQUIRED FOR RELEASE OF TRANSCRIPTS.

_____ _____
SIGNATURE **DATE**

Send your request to the address above or fax it to (850) 479-6552 to the attention of the Transcript Clerk.

RECORDS OFFICE ONLY:

Type _____ Fee _____ # of Transcripts_____ Code_____

Express/Fax_____ Date Sent _____ RO 6/2011