



Champion Christian College
600 Garland Ave
Hot Springs, AR 71913

Official Transcript (10.00/copy) Qty. _____ Unofficial Transcript (free) Qty. _____

I. Name: _____ SSN (required): _____

Name(s) While in Attendance (if different): _____

Mailing Address: _____

_____ City: _____

_____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone: _____

List Dates of Attendance: _____

Program(s) in which you were enrolled: _____

_____ Did you graduate? _____

When? _____

II. When to Send Transcript: _____ Now _____ After Grades/Degrees Post

III. How to Send Transcript:

_____ Student Pickup - valid photo ID required

_____ Allow _____ to pick up my transcript(s) – valid photo ID required

_____ Mail transcript to (please include complete address including name of institution/department if applicable):

Please note: • Transcripts are not released to students who have outstanding financial obligations to CCC. • Please allow up to five business days for processing and up to two weeks during registration and grading periods. • Please use separate forms for requests with more than one destination. • Same day transcript service is not available at this time. • In accordance with the Family Educational Rights and Privacy Act (FERPA), transcripts will not be released to a third party without the student's written permission.

Signature: _____ Date: _____

To Pay by Credit Card: Card Type: _____

Card #: _____ Expiration Date: _____

Name on Card: _____ 3 Digit CVV code on Back of Card: _____

Office use only: Transcript sent on _____ Payment received: _____