

OTERO COLLEGE TRANSCRIPT REQUEST

NAME _____ DATE _____

Any other name attended under _____

If not currently enrolled give dates of attendance _____

Social Security Number _____ Birth Date _____

or Student S# _____ Telephone Number _____

____ Immediately (allow one day for completion)

____ At the end of the semester

____ After degree is posted

Send transcript(s) to:

Number of Copies _____

Separate Envelopes _____

Signature _____