

Complete this form electronically or print legibly. Requests must be signed with a physical signature or verified digital signature. Scan the completed request or take a picture then email it to [transcripts@capecod.edu](mailto:transcripts@capecod.edu). Unofficial transcripts will be sent directly to the student email or mailing address provided below. Records prior to 1993 may require validation and may take up to 15 business days to process before mailing.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

Student ID#: (if known) \_\_\_\_\_ Dates of Attendance: (or estimate) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Names: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

*Information provided below will be used to update your student record. Do not provide third party information.*

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Telephone Number for Contact: \_\_\_\_\_ Is this a mobile number? \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**(Specify One):**     **Mail** Unofficial Transcript    OR     **Email** Unofficial Transcript

### Authorization for Release and Record Update

In accordance with the **Family Educational Rights and Privacy Act of 1974 (FERPA)**, I authorize the release of my student records and permit Cape Cod Community College to update my **Directory Information** using the information provided as indicated by my signature below.

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Physical or verified digital signature only. Typed signatures are not accepted.)*