

**Office of Student Involvement**

Co-Curricular Transcript Request

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| **Mail To:**The College of IdahoOffice of Student Involvement2112 Cleveland Blvd., Box 52Caldwell, ID 83605 | **Fax To:**The College of IdahoOffice of Student Involvement(208) 459-5094 | **Email To:**Savala SmithDirector of Student Involvementscsmith@collegeofidaho.edu |

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| **Name:** | **Choose One:** **Unofficial Co-Curricular Transcript:** This transcript will be printed on blank paper with the “unofficial” watermark.  **Official Co-Curricular Transcript:** Please allow up to two weeks for processing. Official transcripts will be sent to address provided below. |
| **Phone: ( ) -**  |
| **Email:**  |
| **Student ID Number:** |
| **Signature (MUST be included):**  **X­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. Please send \_\_\_ copies to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code

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