

Mail To:

## Office of Student Involvement

Co-Curricular Transcript Request

Email To:

Fax To:

The College of Idaho	The College of Idaho		Savala Smith	
Office of Student Involvement	Office of Student Involvement		Director of Student	
2112 Cleveland Blvd., Box 52	(208) 459-5094		Involvement	
Caldwell, ID 83605			scsmith@collegeofidaho.edu	
	•		· ·	
Name:		<b>Choose One:</b>		
		] Unoffi	cial Co-Curricular	
	<u> </u>	Transc	ript: This transcript will	
Phone: ( ) -		be print	ed on blank paper with the	
		-	cial" watermark.	
Email:		Official	Official Co-Curricular	
	<u> </u>	Transc	ript: Please allow up to	
			eks for processing. Official	
Student ID Number:			pts will be sent to address	
			d below.	
		<b>F</b>		
Signature (MUST be inclu	ided):			
X				
<del> </del>				
1. Please send copies to:				
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Name				
Street Address	_			
Succi Address				
City State	_			
	_			
Zip code				