Mailing Address: PO Box 14007, Salem, OR 97309-7070

Phone: 503.399.5001 Email: registrar@chemeketa.edu



Written Consent for Disclosure: Request by Paying Parent

To obtain an unofficial transcript or verification of enrollment:

- 1. To make a request there must be a current Written Consent for Disclosure on file.
 - a. Written Consent for Disclosure requires renewal every year
 - b. Please print legibly when completing the form
 - i. Make sure to fill out all "Requester" portions and sign the request on the appropriate line.
 - c. Pickup requests will be processed within one business day
 - i. You must show photo I.D. to obtain your student's transcript and the name on ID must match the name on the student's Written Consent for Disclosure/record release
 - ii. If you wish for the transcript to be mailed, please provide your current address below
 - d. We do not email or fax student documents to third parties

Student ID (K#):_		Birth Date (MM/DD/YYY)	/):	
Student Name: _	Last,	First,		 Middle
	Last,	riisi,		Middle
Requester Name:				
	Last,	First,		Middle
Requester Addres	SS:			
	Street,	City,	State	Zip
Requester Phone Number with Area Code:		Email:		
Mail to addre	ess above			
Pick-up				
Requester Signat	ure:			
			Date	
	Office Use Only			
	☐ I.D. ☐ My Chemeketa Release ☐ Expira	ation Date:] SFAREGS/SHACRSE	

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