

TRANSCRIPT REQUEST FORM

Student Name _____ ID# _____ Year of Graduation _____

Student Phone _____ Today's Date _____

U.C. and C.S.U. Campuses -DO NOT NEED TRANSCRIPTS SENT WITH APPLICATION

- ✓ **Select One:** Current Transcript
 RUSH Current Transcript. REASON _____
 Mid-year Report - after First Semester grades are recorded
 Final Transcript - after graduation / Second Semester grades are recorded

- ✓ **Needed for:** College NCAA ****Print a copy of your clearinghouse form****
 Scholarship Other _____

COST: CURRENT STUDENTS - First four transcripts at no charge Additional transcripts are \$1.00 each.

****ALUMNI**** \$2.00 per transcript. Please complete this form and include check or cash.

 **Number of transcripts needed: Official** _____ **Unofficial** _____

- Choose One:** Pick up at school
 Mailing requested
 Fax (provide fax number, name of institution, contact person)

Mail transcript to: Name of school/program, address, city, state, zip code

1 _____

3 _____

2 _____

4 _____

Date Mailed _____ Initials _____ Fee Paid _____ Initials _____

Office Use Only