



OFFICIAL TRANSCRIPT REQUEST FORM

Enrollment Services Office
2100 Greenfield Drive
El Cajon, California 92019-1157
(619) 201-8730 · Fax (619) 201-8797
sdcc.edu

Student Name _____

SSN # _____ Maiden Name _____

Date of Birth _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Today's Date: _____

Dates Attended: _____

Degree Earned: _____

Degree Year: _____

Did you complete any Continuing Education Units? _____

*Official transcripts must be sealed and forwarded by the Enrollment Services Office or they may be picked up during normal business hours by the student requesting them.
Official Transcripts cannot be faxed.*

I will pick up my transcripts

Please mail transcripts to:

ATTN: _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

There is a \$5 fee for each Official Transcript.
Requests to be processed in 5-7 business days.

An additional \$10 fee will be charged for
RUSH requests to be processed in 24 hours.

Official Copies (\$5 each)

_____ # of copies requested x \$5 = Total \$ _____

RUSH please process in 24 hours + \$10

= TOTAL \$ _____

Please select method of payment:

- Check/Money Order (include with request by mail)
- Cash (include with request)
- Credit Card (choose one below)
 - Visa
 - MasterCard
 - AmericanExpress

_____ Full Name on Card

_____ Card Number

_____ Exp. Date _____ CSC Security code

Hold Transcript for:

- Final Semester Grades
- Posted Degree

I authorize San Diego Christian College to release my transcripts as requested above.

_____ Student Signature _____ Date

Print form for mailing or faxing to the Enrollment Services Office.

Office Use Only

SA _____ TC _____ D _____ A _____ PD _____ ID _____

Date Sent _____