
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? _____

I will pick up my transcripts

FAX transcripts to: _____

ATTN:

Please mail transcripts to:

ATTN:

Address Line 1

Address Line 2

City, State, Zip

Unofficial Transcripts can be picked up in the Enrollment Services Office at no charge. There is a \$2 fee for each unofficial transcript to be mailed or faxed. Requests will be processed in 5-7 business days. An additional \$10 fee will be charged for RUSH requests, to be processed in 24 hours.

MAILED Unofficial Copies (\$2.00 Each)

_____ # of MAILED copies requested x \$2 = Total \$ _____

FAXED Unofficial Copies (\$2.00 Each)

_____ # of FAXED copies requested x \$2 = Total \$ _____

RUSH please process in 24 hours + \$10

= TOTAL \$ _____

Please select method of payment:

- Check/Money Order (include with request)
- 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

PD _____ ID _____ Date Sent _____