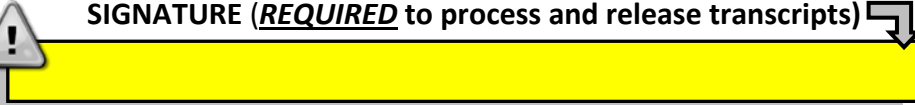


## OFFICIAL TRANSCRIPT REQUEST FORM

<input type="checkbox"/>	Check here if you attended Shasta College prior to 2004.	Today's Date: _____
Shasta College ID or Social Security #:		
Birth Date:	Dates of Attendance:	
Last Name:	First Name:	Middle Initial:
All prior names :		
Street Address:		
City:	State:	Zip Code:
		Phone:

**SIGNATURE (REQUIRED to process and release transcripts)** 

Number of transcripts being requested from this form:  MAX 10 per request.

<input type="checkbox"/>	Send Transcripts now.	Allow <b>10 business days</b> for processing. 20 days at the end of semester (from when grades are posted)*
<input type="checkbox"/>	RUSH processing service.	Allow <b>2 business days for processing</b> . 5 days at the end of semester (from when grades are posted)*
<input type="checkbox"/>	Hold for _____ semester grades.	EOS requests will <b>only</b> be accepted in the last month of the semester. requests sent in prior <b>won't</b> be processed.
<input type="checkbox"/>	Pick Up Service	Selecting this <b>will not affect processing time</b> . You will still need to check RUSH if you want faster processing.

\*contingent upon availability of grades

**CERTIFICATIONS:**     GEC (CSU Only)                       IGETC (CSU or UC Only)

**Notes:**

1. Transcripts only include courses taken at Shasta College.
2. The student is responsible for a **Complete and Legible** mailing address.
3. A separate form is required for EACH address.
4. For Pick Up Service only list your name and telephone below.

**Mail To:**

A window envelope is used for mailing. Make sure the text fits within the boxed area below.

Mail to:	
Attn:	
Street:	
City/St/ Zip:	

**Optional Release Statement (Proxy):** Required if someone other than you is **PICKING UP** your request.

I, _____ authorize Shasta College:	_____
(Student Name)	(Signature required for proxy)
To release my education records to: _____	Date: _____
(Name)	(Required)

**Student Credit Card Authorization:**

<input type="checkbox"/> I authorize Shasta College to charge any past debts owed to the college and/or the cost of this request to my credit card. <b>SIGNATURE:</b> _____	
(Required)	
Circle one:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other: _____
Card#: _____	Expiration Date: _____

**Information:**

1. The first two official copies ever issued are free, after that each copy is **\$5.00**. Rush processing is an additional **\$10.00** per copy.
2. Transcript fees **MUST** be paid at the time the request is submitted. You can pay by cash, money order, check or credit card.
3. **All past debts to the college must be paid before transcripts are processed.**
4. All fees are payable to: SHASTA COLLEGE
5. For debt information please go to: [www.shastacollege.edu](http://www.shastacollege.edu) Click on MyShasta, login, and select pay fees.
6. Multiple requests are sealed in individual envelopes unless otherwise requested.
7. WE DO NOT FAX or EMAIL TRANSCRIPTS.



**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Transcript Count:  +   
 (prior + current)

Transcript Fees	
Rush Fees:	
Delinquent amount:	
Total amount owed:	

Payment Type	Amount Paid
Check	
Cash	
Credit Card	
<b>TOTAL PAID:</b>	

Date Processed: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 TRRQ: \_\_\_\_\_  
 CASHIER: \_\_\_\_\_

Name: \_\_\_\_\_