

Official Transcript Request

Office Use Only
Date sent
Method
By

\$5 charge for each copy of transcript. Limit of 10 transcripts per request. There is a \$30.00 charge for International First Class Delivery. Please allow a minimum of 5 business days to process. IF FILLING OUT BY HAND, PLEASE PRINT LEGIBLY.

Full Name:			Previous Name (s):		Student ID #:	
Current Address:					Date of Birth:	
City:	State:	ZIP:	Phone:	Credit Card Number (VISA and MasterCard ONLY)		Expiration:
ARE YOU: Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No OR last quarter attended (approx.): _____						
PLEASE PREPARE: <input type="checkbox"/> A.S.A.P <input type="checkbox"/> After current grades post			Number of Copies			
<input type="checkbox"/> After degree posts						
TO BE MAILED TO: (recipient)						
NOTE: Please include any additional addresses on a separate sheet of paper. Student is responsible for correct and complete address. Shoreline Community College cannot be responsible for transcripts left over 90 days or lost or misdirected mail.						
STUDENT WILL PICK UP TRANSCRIPT: <input type="checkbox"/> Yes <input type="checkbox"/> No						
DO YOU HAVE A DEADLINE DATE?: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you have a deadline date, what is it? (mm/dd/yyyy) : _____						
Student Signature:			Today's date:			
X _____			_____			

Cashier's Office Use Only

Transcript fee _____ By _____