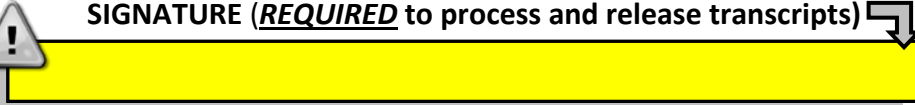


OFFICIAL TRANSCRIPT REQUEST FORM

<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 10 business days for processing. 20 days at the end of semester (from when grades are posted)*
<input type="checkbox"/>	RUSH processing service.	Allow 2 business days for processing . 5 days at the end of semester (from when grades are posted)*
<input type="checkbox"/>	Hold for _____ semester grades.	EOS requests will only be accepted in the last month of the semester. requests sent in prior won't be processed.
<input type="checkbox"/>	Pick Up Service	Selecting this will not affect processing time . 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. SIGNATURE: _____
	(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 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	
TOTAL PAID:	

Date Processed: _____
 Comments: _____
 TRRQ: _____
 CASHIER: _____

Name: _____