Registrar's Office
20601 West Paoli Lane
P.O. Box 486
Weimar, CA 95736
Phone: 530.422.7950
Fax: 530.422.7949

Transcript Request Form

Date:_____

Full Name:_____
Last First Middle Maiden

Current Address:_____ Email Address:_____

_____ Phone # :_____

_____ Social Security # :_____ - _____ - _____

Signature: _____

Do you want your transcript sent immediately? **Yes** **No** If no, after which semester? **Fall** **Spring**

Current Student? **Yes** **No** If No, year and/or quarter/semester last attended?_____

Important Notes:

- We cannot release your transcripts if your school bill is not completely paid.
- Your first transcript is free. There is a $5.00 charge per transcript thereafter.
- For international transcript requests, there is a $10.00 charge per transcript.
- If faxing your request, you may want to call us with your credit card information after sending your fax.

Method of Payment: **Cash** **Money Order** **Check** **Credit Card** (Please do not send cash if mailing)

Mail to: _____ Fax to the attention of_____

_____ Fax #_____

Quantity _____ Quantity _____

Mail to: _____ Fax to the attention of_____

_____ Fax Number:_____

Quantity _____ Quantity _____

Mail to: _____ Fax to the attention of_____

_____ Fax Number:_____

Quantity _____ Quantity _____

Office Use Only Received _____ Sent _____ Financially Clear _____