


## 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.**

<b>Send Transcripts now.</b>	Allow <b>10 business days</b> for processing. 20 days at the end of semester (from when grades are posted)*
<b>RUSH processing service.</b>	Allow <b>2 business days for processing.</b> 5 days at the end of semester (from when grades are posted)*
<b>Hold for</b> _____ 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.
<b>Pick Up Service</b>	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.

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



### OFFICE USE ONLY

<b>Received by:</b> _____	<b>Date:</b> _____
<b>Transcript Count:</b> <input type="checkbox"/> + <input type="checkbox"/>	(prior + current)
Transcript Fees	
Rush Fees:	
Delinquent amount:	
Total amount owed:	
<b>Payment Type</b>	<b>Amount Paid</b>
Check	
Cash	
Credit Card	
<b>TOTAL PAID:</b>	
<b>Date Processed:</b> _____	
<b>Comments:</b> _____	
<b>TRRQ:</b> _____	
<b>CASHIER:</b> _____	