

SAGE College Transcript Request

C/O South Coast College, 2011 West Chapman Ave. Orange, CA 92868
 714-867-5009 | Fax: 714-867-5026 | Email: transcripts@southcoastcollege.edu



Student Information		
Sage ID (if available)	Date of Birth	Telephone
Full Name (Last, First Middle)		Social Security Number
Full Name while attending Sage College (Last, First Middle)		E-mail Address
Current Mailing Address - Street		Country
City	State	Zip/Postal Code
Program	REQUIRED: Last date of attendance at SAGE	

Will be picked up on campus or Send to: Current mailing address shown above Different mailing address below

Mailing Address: (If being sent to an address other than above):

To School/Company:		
Attention::		E-mail Address
Street:		Country
City/State/Zip:	State	Zip/Postal Code

A. Transcript Order	FEE
<input type="checkbox"/> Official Academic Transcript	\$15.00
<input type="checkbox"/> Unofficial Academic Transcript	\$15.00

B. Processing Time (select one)	FEE
<input type="checkbox"/> Standard - up to 2 weeks	
<input type="checkbox"/> Expedited - one week or less.....	\$10.00

C. Delivery Method (select one)	FEE
<input type="checkbox"/> In-Person Pick-up - held for 30 days	No charge
<input type="checkbox"/> U.S. First Class Mail	No charge
<input type="checkbox"/> Federal Express Domestic Mail	\$30.00

D. Payment	Amount
<input type="checkbox"/> In-Person.....	Prepay \$ _____
<input type="checkbox"/> Credit Card.....	Use Form \$ _____
<input type="checkbox"/> Mail.....	Enclosed \$ _____

Total Due \$ _____

Official Use Only		
Fee Paid \$	Payment Processed By	Payment Process Date
Date Received:	Date Issued:	Date Mailed:

Enclose check or money order payable to:
South Coast College

Please use the attached authorization form for credit card payment.

Orders with incomplete information and/or insufficient payment are NOT processed.

Please review the attached transcript request information and policies statement.

Authorization Signature Required <i>I authorize release of my transcript as directed on this form.</i>	Date (mm/dd/yy)
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Credit Card Authorization

Transcript Requestor: _____

Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code No: _____

Signature of Card Holder: _____