

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																			
<input type="checkbox"/> Will be picked up on campus or Send to: <input type="checkbox"/> Current mailing address shown above <input type="checkbox"/> 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:right;">FEE</td> </tr> <tr> <td><input type="checkbox"/> Official Academic Transcript</td> <td style="text-align:right;">\$15.00</td> </tr> <tr> <td><input type="checkbox"/> Unofficial Academic Transcript</td> <td style="text-align:right;">\$15.00</td> </tr> </table>			FEE	<input type="checkbox"/> Official Academic Transcript	\$15.00	<input type="checkbox"/> Unofficial Academic Transcript	\$15.00	B. Processing Time (select one) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:right;">FEE</td> </tr> <tr> <td><input type="checkbox"/> Standard - up to 2 weeks</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Expedited - one week or less</td> <td style="text-align:right;">\$10.00</td> </tr> </table>		FEE	<input type="checkbox"/> Standard - up to 2 weeks		<input type="checkbox"/> Expedited - one week or less	\$10.00						
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C. Delivery Method (select one) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:right;">FEE</td> </tr> <tr> <td><input type="checkbox"/> In-Person Pick-up - held for 30 days</td> <td style="text-align:right;">No charge</td> </tr> <tr> <td><input type="checkbox"/> U.S. First Class Mail</td> <td style="text-align:right;">No charge</td> </tr> <tr> <td><input type="checkbox"/> U.S. Express Mail.....</td> <td style="text-align:right;">\$25.00</td> </tr> <tr> <td><input type="checkbox"/> Federal Express Domestic Mail.....</td> <td style="text-align:right;">\$30.00</td> </tr> </table>			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"/> U.S. Express Mail.....	\$25.00	<input type="checkbox"/> Federal Express Domestic Mail.....	\$30.00	D. Payment <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:right;">Amount</td> </tr> <tr> <td><input type="checkbox"/> In-Person</td> <td style="text-align:right;">Prepay \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Credit Card.....</td> <td style="text-align:right;">Use Form \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mail</td> <td style="text-align:right;">Enclosed \$ _____</td> </tr> </table>		Amount	<input type="checkbox"/> In-Person	Prepay \$ _____	<input type="checkbox"/> Credit Card.....	Use Form \$ _____	<input type="checkbox"/> Mail	Enclosed \$ _____
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<input type="checkbox"/> Credit Card.....	Use Form \$ _____																			
<input type="checkbox"/> Mail	Enclosed \$ _____																			
Total Due \$ _____		Enclose check or money order payable to: <p style="text-align:center;">South Coast College</p> Please use the attached authorization form for credit card payment. Orders with incomplete information and/or insufficient payment are NOT processed.																		
Official Use Only																				
Fee Paid \$	Payment Processed By	Payment Process Date																		
Date Received:	Date Issued:	Date Mailed:																		
Authorization Signature Required <i>I authorize release of my transcript as directed on this form.</i>		Date (mm/dd/yy)																		
Please review the attached transcript request information and policies statement.																				

Credit Card Authorization

Transcript Requestor: _____

Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code No: _____

Signature of Card Holder: _____