



South Coast College Transcript Request Information

Transcript Policies:

Requests for Transcripts

Requests for transcripts must be made in writing and must contain the a signature.

Fax copies of transcript requests are accepted when payment is received i advance (see payment section on front) or when credit card payment information is called in to (714) 867-5009.

Outstanding Financial Obligations

If you have an outstanding financial obligation with the school, your transcript cannot be released until such obligation is resolved.

All HOLDS must be cleared before a transcript request can be processed.

Special Requests That Cannot Be Handled

Copying other college/university records.

Providing “unofficial” transcripts.

Considerations Involving Transcripts

Transcripts sent via postal mail will be sent first class through U.S. postal mail to the address indicated by the Requestor on the Transcript Request Form.

Transcripts cannot be emailed or faxed to any recipient.

Corrections to the recipient’s address are considered a new transaction and subject to additional fees.

The rush option is not available on Friday orders.

During peak periods, **additional processing time may be required** and the rush option may be suspended temporarily.

Questions? Call or email: (714) 867-5009 / transcripts@southcoastcollege.edu

South Coast College Transcript Request

2011 West Chapman Ave. Orange, CA 92868

714-867-5009 | Fax: 714-867-5026 | Email: transcript@southcoastcollege.edu



| Student Information | | | | | | | | | | |
|--|-------------------|---------------------------|---------------------------------|--------|---|-----------------|---|-------------------|--|-------------------|
| 4-Digit SCC ID (if available) | Date of Birth | Telephone | | | | | | | | |
| Full Name (Last, First Middle) | | Social Security Number | | | | | | | | |
| Full Name while attending South Coast College (Last, First Middle) | | E-mail Address | | | | | | | | |
| Current Mailing Address - Street | | Country | | | | | | | | |
| City | State | Zip/Postal Code | | | | | | | | |
| First term attended at SCC | | Last term attended at SCC | | | | | | | | |
| <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 | | | | | | | | |
| <table border="1"><thead><tr><th>A. Transcript Order</th><th>FEE</th></tr></thead><tbody><tr><td><input type="checkbox"/> Official Academic Transcript</td><td>\$15.00</td></tr><tr><td><input type="checkbox"/> Unofficial Academic Transcript</td><td>\$15.00</td></tr></tbody></table> | | | A. Transcript Order | FEE | <input type="checkbox"/> Official Academic Transcript | \$15.00 | <input type="checkbox"/> Unofficial Academic Transcript | \$15.00 | | |
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| <input type="checkbox"/> In-Person..... | Prepay \$ _____ | | | | | | | | | |
| <input type="checkbox"/> Credit Card | Use Form \$ _____ | | | | | | | | | |
| <input type="checkbox"/> Mail..... | Enclosed \$ _____ | | | | | | | | | |
| 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 authorize release of my transcript as directed on this form. | | Date (mm/dd/yy) | | | | | | | | |

Credit Card Authorization

Transcript Requestor: _____

Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code No: _____

Signature of Card Holder: _____