

# 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



<b>Student Information</b>		
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
		Last term attended at SAGE

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

<b>Mailing Address:</b> (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

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

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

<b>C. Delivery Method</b> (select one)	<b>FEE</b>
<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 .....	\$20.00
<input type="checkbox"/> Federal Express Domestic Mail .....	\$24.00

<b>D. Payment</b>	<b>Amount</b>
<input type="checkbox"/> In-Person.....	Prepay \$ _____
<input type="checkbox"/> Mail.....	Enclosed \$ _____
Enclose check or money order payable to:	
<b>South Coast College</b>	
Orders with incomplete information and/or insufficient payment are NOT processed.	
<input type="checkbox"/> Credit Card See attached authorization \$	

**Total Due \$** \_\_\_\_\_

<b>Official Use Only</b>		
Fee Paid	Processed By	Process Date
Date Mailed:	Comments:	

**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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## Sage College

### Transcript Request Information

Sage College has requested that South Coast College assume custodial responsibility of the Sage College student academic files. Please review the following transcript request policy when requesting a copy of your transcript.

Transcript Policies:

#### **Requests for Transcripts**

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

Fax copies of transcript requests are accepted when payment is received in 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](mailto:transcripts@southcoastcollege.edu)

**Credit Card Authorization**

Transcript Requestor: \_\_\_\_\_

Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code No: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_