

# South Coast College Transcript Request

2011 West Chapman Ave. Orange, CA 92868

714-867-5009 | Email: transcripts@southcoastcollege.edu



<b>Student Information</b>		
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

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
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<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"/> Federal Express Domestic Mail ..... \$30.00	<b>D. Payment</b> <b>Amount</b> <input type="checkbox"/> In-Person..... Prepay \$ _____ <input type="checkbox"/> Credit Card..... Use Form \$ _____ <input type="checkbox"/> Mail..... Enclosed \$ _____
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<b>Total Due \$ _____</b>
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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: \_\_\_\_\_