



SHASTA COLLEGE

Office of Admissions & Records
P.O. Box 496006 Redding, CA 96049-6006
Phone: (530) 242-7650 Fax: (530) 225-4995

OFFICIAL TRANSCRIPT REQUEST FORM

STUDENT INFORMATION: *Please complete all information requested*

STUDENT ID OR SOCIAL SECURITY Number	BIRTHDATE	DATE
NAME Last/First/Middle		
NAME(s) WHILE ATTENDING SHASTA COLLEGE		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE YEARS OF ATTENDANCE
SIGNATURE REQUIRED TO RELEASE TRANSCRIPTS:		

YOUR INSTRUCTIONS:

NUMBER OF TRANSCRIPTS BEING REQUESTED ON THIS FORM:

A separate request must be completed for each address

CERTIFICATIONS:

- SEND TRANSCRIPTS NOW. Allow **10 business days** for processing. At the end of the semester contingent upon availability of grades.
- RUSH MAIL SERVICE Allow **2 business days** for processing. At the end of the semester contingent upon availability of grades.
- HOLD FOR _____ SEMESTER GRADES.
- PICK-UP SERVICE

- GEC (CSU only)
- IGETC (CSU OR UC only)

Mail to:
Attn:

Address

City/ST/Zip

Instructions for completing Mailing Label:

- 1) Print name and complete address **legibly**.
- 2) A separate request must be completed for each address.
- 3) For **pick-up service**, enter your name only.

OPTIONAL RELEASE STATEMENT: Required if someone other than yourself is picking up your transcript.

I, _____ authorize Shasta College _____
 (Student Name) Student Signature

To release my educational records to _____
 (Person/company/agency) Date (Required)

PAYMENT INFORMATION: Transcript fees must be paid at the time request is submitted. The first two copies ordered are free, after that each copy is **\$3**. Additional Rush fee of **\$7**. per copy. You can pay by cash, money order, check or credit card. All past debts to the college must be paid before transcripts are processed. For debt information, please go to www.shastacollege.edu. Click on My Shasta, login and select "Pay Fees". To pay by credit card please complete the information requested below:

Office Use Only:	Amount	T-Count	Pymt. Type	
Transcript Fees			Check <input type="checkbox"/>	Date Received: _____
Rush Fees		Rcvd. Initials	Cash <input type="checkbox"/>	Check #: _____ Check Amount: _____
Delinquent Amt.			Credit card <input type="checkbox"/>	Date Mailed/Initials: _____
Total:				Comments: _____

STUDENT CREDIT CARD AUTHORIZATION:

- I authorize Shasta College to charge any past debts owed to the college and/or cost of this request to my credit card.
- Circle one: VISA MASTERCARGE other: _____

Card# _____ Expiration Date _____

SIGNATURE (Required): _____