

**READ CAREFULLY**

- PLEASE ALLOW TWO WEEKS FOR A TRANSCRIPT TO BE SENT.
- ONLY NONCREDIT COURSES TAKEN AT THIS COLLEGE WILL APPEAR ON THE TRANSCRIPT.
- ALL OBLIGATIONS, INCLUDING LIBRARY BOOKS, EQUIPMENT, FINES, LOANS ETC. MUST BE CLEARED WITH THE PROPER OFFICE BEFORE A TRANSCRIPT CAN BE ISSUED.
- IT IS THE RESPONSIBILITY OF THE STUDENT TO INFORM THE TRANSCRIPT DEPARTMENT OF ANY CORRECTIONS TO HIS/HER RECORD. TRANSCRIPTS OF RECORDS NEEDING CORRECTION WILL REQUIRE A LONGER PROCESSING PERIOD.
- RECORDS PRIOR TO **FALL 1984** REQUIRE AT LEAST 6 TO 8 WEEKS PROCESSING TIME.

**NONCREDIT TRANSCRIPT REQUEST FORM**



City College of San Francisco  
 50 Frida Kahlo Way, MUB 150  
 San Francisco, CA 94112  
 Phone: (415) 452-7400  
 Fax: (415) 452-5592  
 Email: nc\_admit@ccsf.edu

NAME WHILE ATTENDING: \_\_\_\_\_  
 Last First Middle

Social Security Number or college assigned ID: \_\_\_\_\_

CURRENT NAME IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
 Last First Middle

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MO DAY YEAR

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Phone

TYPE OF REQUEST:  
 OFFICIAL I AM CURRENTLY YES  
 UNOFFICIAL ATTENDING: NO

**Send Transcript to:**

PLEASE INDICATE THE NUMBER OF TRANSCRIPTS TO BE SENT: \_\_\_\_

Please attach a mailing List for additional Addresses

Name	_____
Address	_____ _____
City	_____ State ____ Zip _____

PLEASE INDICATE THE LAST CAMPUS YOU ATTEND:

PLEASE INDICATE THE FIRST DATE YOU ATTENDED NONCREDIT COURSES \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MO DAY YR

**NOTE:** \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_

Unable to process request without student's signature. DATE