



CITY COLLEGE OF SAN FRANCISCO TRANSCRIPT REQUEST FORM



Student Name <i>(Please print clearly)</i>			Student I.D #		Date of Birth	
Last	First	MI				
Address			Home Phone		Cell Phone	
City	State	Zip	Email			
Name while attending CCSF: <i>(if different from above)</i>			Type of Service		Send Transcript/s (Check one)	
Last	First	Middle	RUSH	No. of Copies	Price/Copy	Amount
Did you attend CCSF prior to 1983? <input type="checkbox"/> Yes <input type="checkbox"/> No			Regular		\$ 5.00	\$
<i>If YES, please allow 4 to 6 weeks for processing</i>			TOTAL:		\$	___ NOW Note: Current semester grades <u>will not</u> appear)
Is this your first semester at CCSF? <input type="checkbox"/> Yes <input type="checkbox"/> No			PLEASE CHECK ONE:		___ AFTER Fall <input type="checkbox"/> Spring <input type="checkbox"/>	
			PICK UP		Summer <input type="checkbox"/> YEAR 20___	
			MAILED		___ Degree/Certificate posted	
					___ IGETC posted	
Send transcript to: <i>(Please print clearly)</i>			By signing the request form, I, the undersigned, am authorizing CCSF to release my official transcript/s.			
School or Name			Signature: _____ Date: _____			
Address			Contact Information: Office of Admissions & Records			
City State Zip Code			50 Phelan Ave., E107 San Francisco, CA 94112			
			Phone: 415-239-3838 Fax: 415-239-3836 Email: trnscrpt@ccsf.edu			
OFFICE USE ONLY						
By:	Fees Paid:	Fees Owed:	Transcript Completed:	Special Instructions:		
	\$	\$				

White Copy: Transcript / Yellow Copy: Student

Admissions & Records Form Revised 3/2017