

Transcript Request

PLEASE TYPE OR PRINT CLEARLY.

STUDENT ID

LAST NAME

FIRST NAME

INITIAL

STREET ADDRESS

CITY

STATE

ZIP

() -

() -

PHONE NUMBER

ALTERNATE PHONE NUMBER

EMAIL ADDRESS

YOUR SIGNATURE

Mail transcripts to

Transcripts cannot be mailed without the complete address. For UC San Diego campus, please provide department and mail code.

ADDRESS 1

ADDRESS 2

Transcript fee: \$12 per copy

Total Copies Requested

Total Fees Enclosed

\$ _____

Payment method (Check One)

Cash/Check Visa MasterCard Discover American Express EXP. DATE _____ / _____
(Payable to UC Regents)

ACCOUNT NO.

AUTHORIZING SIGNATURE

* Signing the above request releases UC San Diego Extension from any liability for faxed transcripts.

Purchase Order (Must Be Attached)

EMPLOYER NAME

DIVISION/DEPARTMENT

PHONE

ADDRESS

CITY

STATE

ZIP

Transcript requests must be submitted in writing

Mail to ▶ Student Services
University of California, San Diego
Extension,
9500 Gilman Dr., Dept. 0176-H
La Jolla, CA 92093-0176

Fax Number: (858) 534-8527

Phone Numbers ▶ (858) 534-3400 (La Jolla)
(619) 260-3070 (Mission Valley)
(858) 534-9999 (University City Center)

Check one

- Send now
- Hold for current quarter grades
- Rush (\$17 additional charge, one business day service)
- Fax now (\$5 additional charge, \$10 international)*
- Pick-up (Specify location)

- FedEx (transcript fee, rush fee, \$15 FedEx fee)

Check if applicable

- Was this an education class offered through a school district or education center?
- Did you take UC San Diego Extension courses before 9/15/67?

For Office Use Only

Total Fees Paid _____

Date Received _____

Visa Mastercard Discover AmEx

Acct. No. _____

Exp. Date _____