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

OFFICIAL TRANSCRIPT REQUEST FORM

☐ **Check here if you attended Shasta College prior to 2004.** **Today's Date:**

Shasta College ID or Social Security #: **Birth Date:** **Dates of Attendance:**

Last Name: **First Name:** **Middle Initial:**

All prior names :

Street Address:

City: **State:** **Zip Code:** **Phone:**

Number of transcripts being requested from this form: ☐ **MAX 10 per request.**

☐ **Send Transcripts now.**		Allow **10 business days for** processing. (20 days at the end of semester)
☐ **RUSH processing service.**		Allow **2 business days for processing**. (5 days at the end of semester)
☐ **Hold for**	End of Semester Grades.	EOS requests are **only** accepted the last month of the semester.* (Requests sent in prior **won't** be processed)
☐ **Hold for**	Degree Posting	Degree Application must be on file **
☐ **Pick Up Service**		Selecting this **will not affect processing time**. You will still need to check RUSH if you want faster processing.

* **contingent upon availability of grades** ** **contingent upon satisfaction of degree requirements**

CERTIFICATIONS: ☐ **GEC (CSU Only)** ☐ **PTK Member#**_____

☐ **IGETC (CSU or UC Only)** ☐ **Indicate if you have AP Scores**

Notes:

1. Transcripts only include courses taken at Shasta College.
2. The student is responsible for a **Complete and Legible** mailing address.
3. A separate form is required for EACH address.
4. For Pick Up Service list your name and telephone below in lieu of address.

(A window envelope is used for mailing. Make sure the text fits within the boxed area below.)

Mail To:

Attn:

Street:

City/St/ Zip:

SIGNATURE (*REQUIRED* to process and release transcripts)

Optional Release Statement (Proxy): *Required if someone other than you is **PICKING UP** your request.*

I, _____ authorize Shasta College: _____

(Student Name) **(Signature required for proxy)**

To release my education records to: _____ **(Name)** Date: _____ **(Required)**

Student Credit Card Authorization:

☐ I authorize Shasta College to charge any past debts owed to the college and/or the cost of this request to my credit card. **SIGNATURE**: _____ (Required)

Circle one: Visa Mastercard Other: _____

Card#: _____ Expiration Date: _____

Information:

1. The first two official copies ever issued are free, after that each copy is **$5.00.** Rush processing is an additional **$10.00** per copy.
2. Transcript fees **MUST** be paid at the time the request is submitted. You can pay by cash, money order, check or credit card.
3. **All past debts to the college must be paid before transcripts are processed.**
4. All fees are payable to: SHASTA COLLEGE
5. For debt information please go to: www.shastacollege.edu Click on MyShasta, login, and select pay fees.
6. Multiple requests are sealed in individual envelopes unless otherwise requested.
7. **WE DO NOT FAX or EMAIL TRANSCRIPTS**.

Name:

OFFICE USE ONLY

Received by: **Date:**

Transcript Count: ☐ + ☐ (prior + current)

Transcript Fees	
Rush Fees:	
Delinquent amount:	
Total amount owed:	

Payment Type	Amount Paid
Check	
Cash	
Credit Card	
TOTAL PAID:	

Date Processed: _____

Comments: _____

TRRQ: _____

CASHIER: _____