



Forms and information: ucsc-extension.edu/student-services/all-forms Mail to Records Office, UCSC Silicon Valley Extension, 3175 Bowers Avenue, Santa Clara, CA 95054, email to extensiontranscripts@ucsc.edu, or fax to (408) 342-0164

Name _____
Last First Middle

Mailing Address _____
Street

City _____ State _____ Zip _____

Daytime Phone Number _____

Email Address _____

Date _____

SIGNATURE _____

The student or legal representative must sign all transcript requests.

Former name and/or address under which enrolled: _____ _____ _____ _____
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Transcript Information: Transcripts are \$15 each.

A transcript is a student's official record. It shows all courses, units and grades taken through UCSC Silicon Valley Extension, including Concurrent Enrollment course work. All transcripts are mailed separately in officially sealed envelopes. Our records do not include course work completed through UCSC's Main Campus. Contact UCSC's Office of the Registrar at (831) 459-4412 for more information on main campus transcripts.

Processing Information: Choose one service for entire order form, not per transcript.

- REGULAR SERVICE— Processed within 15 business days.
Fee: \$15 per transcript.
- PRIORITY SERVICE— Processed within 2 business days.
Fee: \$15 per transcript, plus \$15 per destination, regardless of number requested.

Priority Service indicates priority processing in our office, **not overnight mail delivery**. Processing begins at the time this form is received at our administrative offices, excluding weekends or holidays.

CALCULATE FEES: Number of copies: ____ at \$15 each: _____

Priority service (if selected), add \$15: _____

TOTAL FEES: _____

*** Payment by Credit Card Only (NO PERSONAL CHECKS ACCEPTED)**

Charge Total Fees to: VISA MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____ Authorizing Signature _____ CVC Code _____

Send _____ copies to address above. Send _____ copies to address(es) on reverse.

Hold for grades. List course(s) to hold for: _____

** Information provided on this form is collected for business purposes only. Credit card information is not retained after payment has been processed. Personal information will not be shared.*



Send _____ copies
to the following address:

Name

Department

Institution/Recipient

Street

City State Zip

Send _____ copies
to the following address:

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