



Forms and information: ucsc-extension.edu/forms;

Mail To: Records Office, UCSC Extension Silicon Valley, 2505 Augustine Drive, Suite 100, Santa Clara, CA 95054

Telephone: (408) 861-3700; Fax: (408) 342-0164

Name in Full _____ Birthdate _____

Mailing Address _____
street

city state zip

Social Security # _____

Requested in order to verify your identity for accurate record keeping

Daytime Phone # _____

E-mail Address _____

Date _____

SIGNATURE _____

All transcript requests must be signed by the student or legal representative.

Former name and/or address under which enrolled:

Transcript Information

A transcript is a student's official record. It shows (on one form) all courses, units and grades taken through UCSC Extension Silicon Valley, 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. You may contact that office at (831) 459-4412.

Transcripts are \$10 each. Please allow 15 business days for processing.

TOTAL ORDER AND FEE: Number of Copies _____ Amount Enclosed _____

Payment by Credit Card Only (NO PERSONAL CHECKS ACCEPTED)

CREDIT CARD (*Mastercard, Visa, Discover, American Express*)

Credit Card Account Number Expiration Date Authorizing Signature CVC Code

____ Send to address above # ____ Send to address(es) on reverse

Hold for grades—list course(s) to hold for _____

Continues on back...

Send ____ copies
to the following address:

Name

Department

Institution/Recipient

Street

City

State

Zip

Send ____ copies
to the following address:

Name

Department

Institution/Recipient

Street

City

State

Zip

Send ____ copies
to the following address:

Name

Department

Institution/Recipient

Street

City

State

Zip

Send ____ copies
to the following address:

Name

Department

Institution/Recipient

Street

City

State

Zip