

Admissions & Records Office
Transcript Request
(7-10 working days minimum for processing)

Santa Ana College (S-101)
1530 W. 17th St.
Santa Ana, CA 92706

TRANSCRIPT REQUEST

Student SS#/Student ID# _____

Name _____

Other Names _____

Date of Birth _____ Phone _____

Email _____

Signature _____ Date _____

MAILING LABEL:

- **PLEASE PRINT**
 - Use only one (1) address per form.
 - Please provide complete address.
-

Name _____

Address – Number & Street _____

City _____ State _____ Zip Code _____

Date Mailed _____ Processed By _____

PLEASE READ

Transcripts from other institutions cannot be copied;
they must be obtained from the school attended.

FEES

First two transcripts are issued free.

Each additional transcript is \$3.00.

Express request is \$8.00.

Transcript fees are payable in advance to:

RSCCD**• • • • • STUDENTS • • • • •****PLEASE COMPLETE THE FOLLOWING**

- Have you ever requested 2 copies of your transcripts?

YES NO

- Last semester attended _____

- When should your request be processed?

NOW

AFTER FINAL GRADES ARE RECORDED (current semester)
(Allow 4-6 weeks after the semester is completed.)

SEMESTER _____ YEAR _____

AFTER INCOMPLETES/GRADE CHANGES ARE MADE
CLASS _____ SEMESTER _____

CERTIFICATE/AA DEGREE POSTED*
YEAR _____ SEMESTER _____

CSU/IGETC CERTIFICATION POSTED*
YEAR _____ SEMESTER _____

- Number of copies requested _____

FOR CLERK ONLY:

Express _____ @ \$8.00 = _____

Mail _____ @ \$3.00 = _____

Holds chk'd _____ ID chk'd _____

Clerk _____ Date _____