

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 _____