

# Sacramento City College Official Transcript Request

## Student Information

Student ID Number: \_\_\_\_\_ SSN (If Student ID Number not known): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I. Other Last Names

Birth Date: \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
(YYYY) (YYYY)

Current Address: \_\_\_\_\_  
Street City State ZIP Code

## Contact Information

Telephone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*By including an email address, you will receive automated updates from Credentials, Inc. regarding the status of your request.

## Basic Order Information

Normal Processing:  Deliver to Recipient  Pick Up  
\$5.00 per copy after first 2 ever ordered.

Rush Processing:  Deliver to Recipient  Pick Up  Hand-Carry (In-person request)  
\$10.00 per copy. Allow one business day for processing for Deliver to Recipient and Pick-Up requests. Deliver to Recipient requests sent by 1st Class Mail.

Hold for Final Grades:  Summer  Fall  Spring

Hold for Degree:  Summer  Fall  Spring

Hold for Grade Change:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_ Course: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recipient 1** Number of Copies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recipient 2** Number of Copies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Use Only** Received By & Date: \_\_\_\_\_ Paid Amount: \$ \_\_\_\_\_

Entered into System: \_\_\_\_\_ Mailed: \_\_\_\_\_ Sent Electronically: \_\_\_\_\_