



**Admissions and Records**  
 5151 Pacific Avenue, Box 102  
 Stockton, CA 95207  
 (209)954-5151 Ext. 6199

## OFFICIAL TRANSCRIPT REQUEST

Service	Process Time	Fee	Accepted
Online	Processes the next business day after receipt and mailed first-class to the address provided by the student. Log in to Online Registration and Click "Transcripts/Verifications." <i>*Pre-1983 records are archived and <u>not</u> available via this service.</i>	\$7.25	Visa/Master AMEX/Discover
Mail	Processes within 3-5 business days after receipt and mailed first-class to the address provided by the student.	\$5.00	Check or Money Order
On Demand	Payments are accepted at the Cashiers Office, Horton Administration Building, Room 102A. <b>Identification is required.</b> Processes immediately at the Front Service Window. <i>*Pre-1983 records are archived and <u>not</u> available via this service.</i>	\$10.00	Cash/Check Money Order
Rush	Payments are accepted at the Cashiers Office, Horton Administration Building, Room 102A. Request are processed the following business day and mailed first-class to the address provided by the student. <i>*Pre-1983 records are archived and <u>not</u> available via this service.</i>	\$10.00	Cash/Check Money Order

**\*\*Students are entitled to receive two free transcripts (lifetime) when requested by mail or in-person.**

**PRINT INFORMATION CLEARLY:**

DELTA ID #: 98-\_\_\_\_\_ OR SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

CURRENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

LIST OTHER NAMES DURING ATTENDANCE, IF APPLICABLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CONTACT PHONE #: (\_\_\_\_) \_\_\_\_\_

# OF COPIES REQUESTED: \_\_\_\_\_ DATES OF ATTENDANCE: (TERM/YEAR) FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_ I understand it is my responsibility to ensure all grades appear on my student record prior to requesting transcripts.  
Initials

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_ Attach Form (ONLY forms which state it must be attached to transcripts will be accepted).

\_\_\_\_ Other \_\_\_\_\_.

MAIL TO: (IF DIFFERENT THAN ADDRESS NOTED ABOVE)

NAME \_\_\_\_\_

ADDT'L \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
FEE(S) COLLECTED: \$ _____	
SELECT METHOD: P/U Mail On Demand Rush	
PRE-83 RECORDS: YES NO	
RECEIVED BY: _____	DATE: _____

**AUTHORIZATION FOR PICK-UP BY SOMEONE OTHER THAN STUDENT:**

I authorize \_\_\_\_\_ to pick up my official transcripts on my behalf. I am aware that the Admissions Office will request a copy of my photo ID as well as that of the person indicated before my transcripts will be released.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_