



Admissions and Records
 5151 Pacific Avenue, Box 102
 Stockton, CA 95207
 (209)954-5151 Ext. 6177

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. Identification is required. 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 _____

FOR OFFICE USE ONLY:	
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: _____