

**REQUEST FOR OFFICIAL TRANSCRIPT**

**FAX #: (323) 341-4886**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Name under which you attended: \_\_\_\_\_

Signature (Name in Full): \_\_\_\_\_

Mail To:

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Transcripts requested (\$5.00 per copy)      \$ 5.00 per copy x \_\_\_\_\_ = \_\_\_\_\_

Rush Transcripts ADDITIONAL Fee of \$10.00 per      Number of Rush Transcripts \_\_\_\_\_

Transcript      X \$10.00 = \_\_\_\_\_

FAX Transcripts ADDITIONAL Fee of \$5.00 per      Number of FAX Transcripts \_\_\_\_\_

Transcript (Unofficial if Faxed)      X \$5.00 = \_\_\_\_\_

(Number to send fax: \_\_\_\_\_)

Authorized amount to charge (Total) = \_\_\_\_\_

Checks should be payable to *Occidental College*. If paying by credit card, complete the section below.

\*All transcripts are sent via U.S. First Class Mail.

Authorized amount to charge: \$ \_\_\_\_\_

VISA     MASTERCARD     DISCOVER

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_