



TRANSCRIPT REQUESTS

Student ID Number _____

Please return the completed form to Admissions and Records in person at the Main Campus or Chico Center, by mail at the address on the bottom of the form, or by fax 530-879-4313.

Name: _____

Last

First

Middle

Date of Birth: _____

Other names used: _____

Current Phone Number: _____

E-mail address: _____

Current Address: _____

PLEASE INDICATE QUANTITY REQUESTED.

- \$5.00 each
- 5-9 day processing time
- 1st two copies requested are free

[] Send *transcript* now

[] Send transcript after grades are posted for the term:
Fall ____ Spring ____ Summer ____ Winter ____

[] Send transcript after grade change is made

Class _____

Grade Expected _____

Semester Taken _____

Total due: _____

Office Use Only:

Amount Paid: _____

Operator: _____

Send Transcript to: _____

*****You must include a credit card # and expiration date, check, or money order with this form or your transcript request will not be processed.*****

Student Signature: _____ Date: _____

Admissions and Records
3536 Butte Campus Drive
Oroville, CA 95965

AR07-713

530.895.2361 Phone
530.879.4313 Fax
530.879.6110 TTY