

TRANSCRIPT REQUEST FORM



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

PLEASE TYPE OR PRINT CLEARLY

Student's Name _____
Last First MI Maiden/Former Name
Student I.D./Social Security No. _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip Code _____
E-mail Address _____ Telephone No. _____ **Student Signature-request will not be processed if omitted.**

I authorize OHLONE COLLEGE to release my official transcripts to the following:

Enter number of copies ___ for Student PICK-UP at the Admissions and Records Window.

Circle one: Normal • *Special Handling* • Express*

By federal law, Ohlone cannot release transcripts to anyone without the student's written authorization and

Picture I.D. **Student pick-up**

Enter number of copies ___ to be MAILED to address below.

Circle one: Normal • *Special Handling* • Express*

Name: _____

Address: _____

Enter number of copies ___ to be MAILED to address below.

Circle one: Normal • *Special Handling* • Express*

Name: _____

Address: _____

Enter number of copies ___ to be MAILED to address below.

Circle one: Normal • *Special Handling* • Express*

Name: _____

Address: _____

Please Note: Transcripts will only include Ohlone College courses that have grades. To have In-Progress Courses included with transcripts, a printout of In-progress courses must be submitted with this form. In-progress courses can be printed directly from the Web via WebAdvisor.

Transcripts cannot be released if the student has a Hold placed on their record. Once the Hold has been cleared, the transcript will automatically print the next business day.

Please select process needed:

Normal processing -\$4.00 each, 5 business days.

Indicate type of special handling if needed.

Hold until end of current term

Hold until degree is posted

Attachment included

Express processing* -\$10.00 each, next business day after 2 p.m.

* Express processing is not available during registration periods. All transcripts not picked up within one month of request will be shredded.

Please select type of payment:

Visa/MasterCard/Amex/Discover

You must complete the Credit Card Payment Form on the next page.

Check—make payable to Ohlone College

Check # _____ Amount \$ _____
Include student ID number on check.

Office Use Only--Initial Accordingly

Arrived by: Drop Box Window US Mail

Form received by: _____ 1st free ___ 2nd free ___ \$10 x ___ \$4 x ___ Other \$ _____ Payment Type _____

Entered into TRRQ by: _____ Date: _____ Payment Sent to Cashier by: _____ Date: _____

Notes: _____

Office of Admissions and Records, Ohlone College, 43600 Mission Blvd., Fremont, CA 94539
Phone: 510-979-7545 Fax: 510-659-7321 Email: transcripts@ohlone.edu

April 19, 2008



Transcript Credit Card Payment Form

Attention: Transcripts
Fax Number: (510) 659-7321

Note: All of the following information is required to process your payment.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION CLEARLY:

Student's Name: _____
Last First MI

Student I.D./Social Security Number: _____

Print name as it appears on credit card: _____

Address to which credit card bill is sent: _____
Street Address

City State Zip Code Phone Number

Select credit card type: VISA MasterCard Amex** Discover

Enter credit card number: _____

*Enter the three or **four CCV numbers located on back of credit card: _____ See below for details.

Enter expiration date: _____ (MM/YY)

Enter amount to be charged: \$ _____

Signature of Credit Card Holder: _____

* The CCV number (Credit Card Verification or Card Code Verification) is the three digits on the back of the Visa, MasterCard, and Discover credit cards. The full credit card number and the CCV number are reprinted in the signature box and the last three numbers in that number sequence is the three digit CCV number.

** American Express credit card has a four-digit CCV number on the back of the card.

Office of Admissions and Records, Ohlone College, 43600 Mission Blvd.,
Fremont, CA 94539
510-979-7545 or transcripts@ohlone.edu