

TRANSCRIPT REQUEST FORM

Use this form **ONLY** if you are ordering from off campus and do not have internet access. All other orders must be placed online via the Admissions & Records site: www.ohlone.edu/admissions

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

PLEASE TYPE OR PRINT CLEARLY

Name: _____
Last First MI Maiden/Former Name Date of Birth

Street Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Phone _____ Student I.D./Social Security: _____

I authorize OHLONE COLLEGE to release my official transcripts: _____
Student Signature-request will not be processed if omitted.

NOTE: Transcripts will only include Ohlone College courses with grades. To have In-Progress Courses included with transcripts, you must log into WebAdvisor and print a copy of "My Class Schedule" and submit with this form. **Transcripts are not released when students have a HOLD placed on their record. Once HOLDS have been cleared, transcripts will be printed the next business day. Express processing is not available for first 2 FREE transcripts or during LATE registration periods.** All transcripts not picked up within one month of request will be shredded. Federal Law prohibits us from releasing transcripts to you without a picture ID or to anyone else without your written authorization. **We DO NOT provide FedEx service.**

STANDARD PROCESSING: FIRST 2 FREE, others \$4.00, sent within 5 business days.

EXPRESS PROCESSING: \$10.00 each, available next business day after 3 p.m.

In Person cash payments; Fremont Campus only; Bldg. 1, 2nd Floor (No cashier at Newark)

COPIES: ___ MAIL / PICK-UP (Please circle: Fremont or Newark)

CIRCLE: • Standard • Express Processing

HOLD, end of current term HOLD FOR degree posting Attachment

Name: _____

Address: _____

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CIRCLE: • Standard • Express Processing

HOLD, end of current term HOLD FOR degree posting Attachment

Name: _____

Address: _____

PAYMENT INFORMATION (Make checks payable to Ohlone College)

Check # _____ Amount _____ Please include your Student ID number on your check.

Cash payments must be made in person at the Cashier's Office only at the Fremont campus, Bldg 1, 2nd Floor.

OFFICE USE ONLY—COMPLETE AND INITIAL ACCORDINGLY Arrived by: Drop Box Window US Mail Other
Form received by: _____ 1st Free ___ 2nd Free ___ \$4 x ___ \$10 x ___ Payment Type _____
Entered into TRRQ by: _____ Date: _____ Payment Sent to Cashier by: _____ Date: _____ Student pick-up
Notes: _____

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



Transcript Credit Card Payment Form

(For use only when submitting a written request for official transcripts OR when requesting special handling in addition to your first TWO FREE official transcripts)

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 3 or **4 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 3 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 3 numbers in that number sequence are the 3 digit CCV number.

** The American Express credit card has a 3 or 4 digit CCV number on the front of the card.

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