



Transcript Request

Student Name
Street Address
City/State/ZIP
Email

Student ID # or SSN
Birth Date
Message phone #
Other name used at SBVC

Please allow 5 - 7 business days for processing mailed transcripts—longer during peak registration periods

Was your first term at SBVC prior to 1981? YES NO If yes, I attended from _____ to _____

Please hold this request until grades from current term are posted YES NO

IGETC for UC IGETC for CSU CSU G.E. Certification *(No rush service available - must be mailed directly to the institution)*

Please mail my transcript to -

	<i>Number of copies sent to this address</i>

Transcripts requested by mail must be paid with check or money order.

Cash or credit cards cannot be accepted.

<i>Transcript Fees</i>	
First two (2) mailed transcripts (Requested in-person or by mail)	Free
Subsequent requests for mailed transcripts (Requested in-person or by mail)	\$10.00 / transcript
Immediate requests (Same-day) (Requested in-person only)	\$20.00 / transcript

The Family Educational Rights and Privacy Act of 1974 prohibits any person other than the student whose records are being requested to make the request, or to access student records.

Student Signature _____ **Date** _____

Office Use Only	
<input type="checkbox"/> 1st Request	Total Charge \$ _____
<input type="checkbox"/> 2nd Request	
<input type="checkbox"/> \$10 After 2 requests	Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check/MO # _____
<input type="checkbox"/> \$20 Same day	
Date Mailed _____	By _____