UCSF Education and Student Affairs
Registrar

Clear Form

UCSF Office of the Registrar — Transcripts
UCSF Box 0244
500 Parnassus Avenue MU-200W
San Francisco CA 94143
415-476-8280 Fax: 415-476-9690
registrar@ucsf.edu

TRANSCRIPT REQUEST

Select a **service**, a **processing time**, and a **delivery method**. Fees are subject to change. Use one form per address.

SERVICE	Clear Section		
Official Transcript	Qty. _____	×	$15

PROCESSING TIME	Clear Section		
Standard — normally 4 business days	Qty. _____	×	$0
Rush — by 4 PM next business day *rush fee is per address or fax number*	Qty. _____	×	$25

DELIVERY METHOD	Clear Section		
Standard			
First-Class Mail (Domestic or International)	Qty. _____	×	$0
Fax or e-mail only (no hard copy) *provide recipient name & fax # or e-mail at right*	Qty. _____	×	$0
Fax plus First-Class Mail *provide recipient name & fax # at right*	Qty. _____	×	$5
Pick up at Office of the Registrar	Qty. _____	×	$0
Expedited Delivery and Special Postal Services *fees are per address*			
FedEx Standard Overnight (not available to PO boxes, AK, or HI)	Qty. _____	×	$20
FedEx — Bill to Your Account Number *provide a completed airbill*	Qty. _____	×	$0
USPS Priority Mail Express (guaranteed 1–2 days)	Qty. _____	×	$30
USPS Priority Mail Express International	Qty. _____	×	$40
USPS Priority Mail (1–3 days, not guaranteed)	Qty. _____	×	$9
USPS Certified (First Class, tracking, signature req'd)	Qty. _____	×	$7

→ $ **Service**

→ $ **Processing Time**

→ $ **Delivery Method**

$ **TOTAL**

Fax or e-mail contact information:

Recipient name

Fax number or e-mail address

PAYMENT METHOD (payment required at time of order):

We cannot accept credit card information via e-mail. Provide your phone number and we will call you for your credit card details.

PLEASE PROVIDE THE FOLLOWING INFORMATION *(print clearly)*:

Telephone E-Mail

School or Graduate Program

Former Name While at UCSF (if applicable) Date of Birth

Last Name First Name Middle Name

Address

City State ZIP

Mail official transcript to (one address per order):

I authorize UCSF to release my transcript:

Signature (hand signature required) Date

For office use only:

Date Processed: _____