

TRANSCRIPT REQUEST

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

SERVICE			
Official Transcript	Qty. _____	×	\$15

→ \$

Service

PROCESSING TIME			
Standard — normally 4 business days	Qty. _____	×	\$0
Rush — by 4 PM next business day <i>rush fee is per address or fax number</i>	Qty. _____	×	\$25

→ \$

Processing Time

DELIVERY METHOD			
Standard			
First-Class Mail (Domestic or International)	Qty. _____	×	\$0
Fax or e-mail only (no hard copy) <i>provide recipient name & fax # or e-mail at right</i>	Qty. _____	×	\$0
Fax plus First-Class Mail <i>provide recipient name & fax # at right</i>	Qty. _____	×	\$5
Pick up at Office of the Registrar	Qty. _____	×	\$0

→ \$

Delivery Method

Expedited Delivery and Special Postal Services <i>fees are per address</i>			
FedEx Standard Overnight (not available to PO boxes, AK, or HI)	Qty. _____	×	\$20
FedEx — Bill to Your Account Number <i>provide a completed airbill</i>	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

→ \$

TOTAL

→ **Fax or e-mail contact information:**

Recipient name

Fax number or e-mail address

PAYMENT METHOD (payment required at time of order):

Check or money order payable to UC Regents

Visa, M/C, Discover, Amex (*mail or fax — no e-mail*):

Card Number

Exp. Date

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: _____