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TRANSCRIPT REQUEST FORM

Select a **service**, a **processing time**, and a **delivery method**. Fees are subject to change. Use one form per address. Current students: Do not use this form. Order online via the student portal: http://saa.ucsf.edu/studentportal Transcripts will not be released if you have holds on your record; submit form only after holds have been cleared.

SERVICE		,			_	\$	Service		
Official Transcript	Oty	×	\$15			٩	Service		
PROCESSING TIME						<u> </u>	Droposing Time		
Standard—normally 4 business days	Qty	×	\$0		→	\$	Processing Time		
Rush — by 4 PM next business day	Qty	×	\$25						
rush fee is per address or fax number		L^L	, , ,						
DELIVERY METHOD					—	\$	Delivery Method		
Standard First Class Mail (December 1)	I	ĭ ï					Delivery Method		
First-Class Mail (Domestic or International)	Oty	×	\$0			Γ.]		
Fax or e-mail only (no hard copy) provide recipient name & fax or e-mail at right	Oty	×	\$0	\neg		\$	TOTAL		
Fax plus First-Class Mail provide recipient name and fax # at right	Qty	×	\$5						
Pick up at Office of the Registrar:		ТŤ			Fax or e	-mail contact inf	ormation:		
Parnassus Mission Hall	Oty	×	\$0						
Expedited Delivery and Special Postal Services fees are per address				Recipient name					
FedEx Standard Overnight	Otv		\$20						
(not available to PO boxes, AK, or HI)	Oty	×	920		Fax numl	ber or e-mail addres	SS		
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		PAYMENT (required prior to processing order): We cannot accept credit card information via e-mail. We will call you at the telephone				
USPS Priority Mail (1-3 days, not guaranteed)	Oty	×	\$9						
USPS Certified (First Class, tracking, signature req'd)	Qty	×	\$7						
PLEASE PROVIDE THE FOLLOWING INFORMATION Telephone E-Mail	ON (print clearly):					mber you have p rd details.	rovided for your credit		
School or Graduate Program									
Former Name While at UCSF (if applicable) Date of Birth									
Last Name First Name	Middl	e Name							
Address					i autno	rize UCSF to re	elease my transcript:		
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City	State ZIP							_	
					Signature	e (hand signature re	equired) Date		
Mail official transcript to (one address per order):									
						For office use	only:		
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							OR 10-21		