

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			
Official Transcript	Qty. _____	x	\$15
PROCESSING TIME			
Standard—normally 4 business days	Qty. _____	x	\$0
Rush — by 4 PM next business day <i>rush fee is per address or fax number</i>	Qty. _____	x	\$25
DELIVERY METHOD			
Standard			
First-Class Mail (Domestic or International)	Qty. _____	x	\$0
Fax or e-mail only (no hard copy) <i>provide recipient name & fax or e-mail at right</i>	Qty. _____	x	\$0
Fax plus First-Class Mail <i>provide recipient name and fax # at right</i>	Qty. _____	x	\$5
Pick up at Office of the Registrar: <input type="checkbox"/> Parnassus <input type="checkbox"/> Mission Hall	Qty. _____	x	\$0
Expedited Delivery and Special Postal Services <i>fees are per address</i>			
FedEx Standard Overnight (not available to PO boxes, AK, or HI)	Qty. _____	x	\$20
FedEx — Bill to Your Account Number <i>provide a completed airbill</i>	Qty. _____	x	\$0
USPS Priority Mail Express (guaranteed 1–2 days)	Qty. _____	x	\$30
USPS Priority Mail Express International	Qty. _____	x	\$40
USPS Priority Mail (1–3 days, not guaranteed)	Qty. _____	x	\$9
USPS Certified (First Class, tracking, signature req'd)	Qty. _____	x	\$7

→ \$ _____ **Service**

→ \$ _____ **Processing Time**

→ \$ _____ **Delivery Method**

\$ _____ **TOTAL**

Fax or e-mail contact information:

Recipient name _____

Fax number or e-mail address _____

PAYMENT (required prior to processing order):

We cannot accept credit card information via e-mail. We will call you at the telephone number you have provided 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: _____