UCSF Office of the Registrar
Student Academic Affairs

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
oar@ucsf.edu

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. _____	×	$15
PROCESSING TIME			
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			
Standard			
First-Class Mail (Domestic or International)	Qty. _____	×	$0
Fax only (no hard copy) *provide recipient name and fax # at right*	Qty. _____	×	$0
Fax plus First-Class Mail *provide recipient name and fax # at right*	Qty. _____	×	$5
Pick up at Office of the Registrar: ☐ Parnassus ☐ Mission Hall	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 contact information:

Recipient name

Fax number

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

E-mail ordering guidelines:
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: _____

OR 4-17