Southwestern College

Admissions Center ~ TRANSCRIPTS
900 Otay Lakes Road ~ Chula Vista, Ca 91910
(619) 421-6700 ext. 5888 ~ Fax (619) 482-6489

TRANSCRIPT REQUEST FORM

Name: _____ Former Name (s): _____
LAST NAME FIRST MIDDLE

Date of Birth: _____ Phone #: _____
MONTH/DATE/YEAR INCLUDING AREA CODE

Home Address: _____
STREET ADDRESS CITY STATE ZIP CODE

SWC Student ID#: _____ Social Security Number: _____

Hold for Final Grades? ☐ YES ☐ NO Hold for GEBR/IGETC? ☐ YES ☐ NO

SELECT MAILING OPTION

***Processing times DO NOT include US Postal Services standard mail delivery time.**

☐ **Regular Processing ($3.00 per copy)*** **No. of Copies:** _____
(10 – 14 Business Days Processing Time)
First 2 Regular Transcripts ever requested are free

☐ **Rush Processing ($5.00 per copy)*** **No. of Copies:** _____
(5 – 7 Business Days Processing Time)

☐ **Overnight Processing ($20.00 per copy)**
(1 – 2 Business Days) **No. of Copies:** _____

- Request must be submitted before 10:00 am
- Mailing Address cannot be a PO BOX
- Contact information is needed at delivery site
- Request received after 10:00 am on Thursday will not be processed until the following Monday

MAILING INFORMATION

_____
_____
_____
_____
Phone Number: ( ) _____
PHONE # REQUIRED FOR OVERNIGHT ONLY

PLEASE NOTE:
Student is responsible for listing correct mailing address and phone number for overnight processing. Failure to include accurate information will delay or postpone processing.

Student Signature: _____ _____
***REQUESTS CANNOT BE PROCESSED WITHOUT STUDENT SIGNATURE** DATE

PAYMENT INFORMATION

☐ **CHECK OR MONEY ORDER:** Make payable to Southwestern College

☐ Enter **CREDIT CARD NUMBER**:_____/_____/_____/_____

REQUIRED: 3-DIGIT SECURITY CODE _____

Type of Card: _____ Expiration Date_____/_____

Signature of Cardholder: _____
ALL CREDIT MAJOR CARDS ACCEPTED

CASHIER USE ONLY
Fee Charged: _____
Payment Verified: _____
Date: _____

TRANSCRIPTS WILL NOT BE PROCESSED IF STUDENT HAS OUTSTANDING FEES OR OBLIGATION HOLDS
PLEASE COMPLETE ALL INFORMATION AND MAIL OR FAX FORM TO ADDRESS OR FAX NUMBER LISTED ABOVE