

# TRANSCRIPT REQUEST

Name: \_\_\_\_\_  
LAST NAME FIRST MIDDLE

Address: \_\_\_\_\_  
# STREET ADDRESS CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

SWC ID #: \_\_\_\_\_ OR Social Security#: \_\_\_\_\_

Former Name(s) Used: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*REQUEST WILL NOT BE PROCESSED WITHOUT A SIGNATURE

**PRINT MAILING INFORMATION CLEARLY**




900 Otay Lakes Road  
 Chula Vista, CA 91910  
 (619) 482-6550

ADMISSIONS USE ONLY	
REG \$5	PICK-UP \$8
EMR \$8	
ADM Clerk's Init.	

FISCAL USE ONLY	
AMOUNT PAID	\$
Fiscal Clerk's Init.	
Number of copies requested:	

- Has  
 Petitioned:  Challenge by Exam  
 Academic Renewal
- Hold this  
 request for:  Final Grade  
 Record Change