



TRANSCRIPT REQUEST

or third-party verification of enrollment

By submitting this request you consent to the release of your student records to you or a third party such as another school or your employer. **You must SIGN THIS FORM for your request to be processed.** Transcript requests cannot be taken by phone or be submitted online or via e-mail.

Your transcript will include all completed course work for which grades have been recorded—*no partial transcripts will be issued.* If you are completing coursework that must appear on your transcript, check “Hold for final grade(s)” and include the term and year of that course. Your transcript will be mailed after those grades are recorded.

Transcripts are sent by First Class U.S. mail. Processing begins after receipt of payment and may take 10 or more days. Requests received during our peak period—November 1 through March 1—may take 15 or more days to process. If you’d like your transcript processed more quickly, we offer rush service for an additional processing fee. *NOTE: rush transcripts are mailed via First Class U.S. postal mail.*

STUDENT INFORMATION (please print)

Your name in full:

LAST FIRST MIDDLE

Mailing address:

(this is a new address) _____
NUMBER AND STREET CITY STATE ZIP

Day phone: () _____ Evening phone: () _____ Social Security # _____

Former name(s) or address(es) used when enrolled: _____

COURSE LIST: Please provide as much information as possible on the courses you took (check all that apply). This will help expedite your request.

- Certificate Program or Professional Sequence: _____
- Extension courses Concurrent enrollment courses Independent study courses high school level courses
- Fall Program for Freshman English Language Program In-company courses Online courses

Course title

_____ Course # _____

_____ Course # _____

_____ Course # _____

MAIL TRANSCRIPTS TO: Please include complete name, address and zip code. For educational institutions include department, e.g., Registrar, Graduate Division. To have transcripts mailed to you at the address above, write ‘self.’ For additional addresses please attach another sheet.

- 1) _____
- 2) _____
- 3) _____

REQUEST AND PAYMENT: This request is for

- Third-party verification of enrollment (by school, agency, or business) _____ Number of verifications X \$15/request = \$ _____
 - Transcript(s) send now
 - hold for final grade(s) from _____ (term/year) _____ Number of transcripts X \$15/transcript = \$ _____
 - Please rush my transcript (sent via US mail in one business day) Add \$15 rush transaction fee \$ _____
 - Course description(s) _____ Number of course descriptions X \$8/description = \$ _____
- TOTAL PAYMENT \$ _____**

- cash payment** (in person) **check** (payable to UC Regents)
- credit card:** VISA MasterCard American Express Diners Club

CREDIT CARD AUTHORIZING SIGNATURE ACCOUNT NUMBER EXP DATE

I authorize the release of my information as indicated on this request and any attachments.

➔ **Your signature** _____ **date** _____

SUBMIT YOUR SIGNED REQUEST AND PAYMENT:

By Mail (check or credit card):
Transcript Request, Registrar’s Office – Dept. B.
UC Berkeley Extension, Suite 110
1995 University Ave.
Berkeley, CA 94704-7000

In Person Order and Pick-up: Walk-in purchase of transcripts is permitted, with no advance order, at 1995 University Ave., Suite 110, Berkeley, 8 am–3 pm, M-F. Photo I.D. required. If another person is to purchase your transcript, that person must provide a photo I.D. and written authorization, signed by you, to release the transcript..