

**SANTIAGO CANYON COLLEGE – DIVISION OF CONTINUING EDUCATION
OFFICIAL TRANSCRIPT REQUEST FORM**

To order an official transcript a completed transcript request form and photo identification is required. Allow 3-7 business days from submission of request for processing. The first 2 copies of your official transcript are free; there will be a \$3.00 fee for additional copies (make check/money order payable to RSCCD – cash payments are not accepted). Fee payment is due upon placing transcript order. This form should not be used to request a transcript for college-credit coursework. To request college credit transcript visit: <https://www.credentials-inc.com/tplus/?ALUMTRO036957>

STUDENT INFORMATION:

Full Name (as it appears on your student records): _____
 Student Telephone Number: (____) _____
 Student ID #: _____ OR Social Security #: _____
 Date of Birth: _____
 Continuing Ed. H.S. Graduation Year (if applicable): _____ or Approximate dates attended: _____
 Number of copies requested (first 2 copies are free): _____
 Comments/Notes: _____

TRANSCRIPT DELIVERY METHOD: (Please check a box)

SELF PICK UP: (Transcript will only be released if a copy of a photo ID with signature is presented at pick up. Transcripts are only held for 14 days after processing and will be destroyed thereafter.)

PICK-UP LOCATION (please check one): Confirm hours before picking up.

Chapman Center (CHAP)
 1937 W. Chapman Ave. Suite 200, Orange CA 92868
 (714) 628-5900

Santiago Canyon College- (SCC U-80)
 8045 E. Chapman Ave, Orange CA 92869
 (714) 628-5929

College and Workforce preparation Center (CWPC)
 1572 N. Main St., Orange, CA 92867
 (714) 628-5999

WILL BE PICKED UP BY DESIGNEE: _____
 (Transcript will only be released if designee presents a photo ID to verify their identity.)

MAIL TO: (Please note that SCC-OEC is not responsible for lost or misdirected mail.)
 School Name (if applicable) or Attention: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

STUDENT AUTHORIZATION: (Student signature is required to process and release transcripts)

Student Signature: _____ **Date:** _____
 (Please print form and sign)

SUBMISSION INFORMATION: Requests must include a copy of a photo ID with signature.

IN-PERSON or VIA MAIL to:

CHAPMAN CENTER
Attn: Admissions & Records / Transcript Request
1937 W. Chapman Ave., Suite 200, Orange, CA 92868

VIA FAX to: (714) 628-5952 (only first 2 copies may be requested via fax)

VIA EMAIL to: oecadmissions@rsccd.edu (only first 2 copies may be requested via email)

FOR OFFICE USE ONLY			
Date request received:		Picture ID presented upon request:	
H.S Graduation date (if applicable):		Picture ID presented upon pick-up:	
Transcript Fee applicable:		Transcript picked up by:	
Date request was processed:			
Processed by:			