



San Joaquin Delta College
Admission & Records Office, DeRicco Bldg, Lobby

OFFICIAL TRANSCRIPT REQUEST

Service	Process Time	Fee	Accepted
Online	Processes the next business day after receipt and mailed first-class to the address provided by the student - Log into Online Registration and Click "Transcripts/Verifications" - <i>Pre-1983 Records are archived and not available via this service.</i>	\$7.25	Visa/MC/AMEX/Discover
In Person	Processes within 3-5 business days after receipt and mailed first-class to the address provided by the student	\$5.00	Cash/Check/Money Order
Mail	Processes within 3-5 business days after receipt and mailed first-class to the address provided by the student	\$5.00	Check/Money Order
On Demand	<i>Identification will be required.</i> Processes immediately at the Front Service Window - <i>Pre-1983 Records are archived and not available via this service.</i>	\$10.00	Cash/Check/Money Order
Rush	Processes the next business day after receipt and mailed first-class to the address provided by the student - <i>Pre-1983 Records are archived and not available via this service.</i>	\$10.00	Cash/Check/Money Order

Pursuant to CA Education Code Section 76223, "that no charge shall be made for furnishing up to two transcripts of students' records ..." Therefore, students are entitled to receive two free transcripts only if requested by mail or in person.

PRINT INFORMATION CLEARLY:

DELTA ID #: _____ OR SOCIAL SECURITY #: _____ BIRTHDATE: _____

CURRENT LAST NAME: _____ FIRST NAME: _____ MI: _____

LIST OTHER NAMES DURING ATTENDANCE, IF APPLICABLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CONTACT PHONE #: _____

OF COPIES REQUESTED: _____ DATES OF ATTENDANCE: (TERM/YEAR) FROM _____ TO _____

SPECIAL INSTRUCTIONS Attach Form (ONLY forms that state it must be attached to transcripts will be accepted)

Other: _____

SIGNATURE: _____ DATE: _____

MAIL TO: (IF DIFFERENT THAN ABOVE ADDRESS)

NAME _____

ADDT'L _____

STREET _____

CITY _____ STATE _____ ZIP _____

AUTHORIZE SOMEONE OTHER THAN STUDENT TO PICK UP:

I authorize _____ to pick up my official transcripts on my behalf. I am aware that the Admissions Office will request photo id from the person indicated before my transcript will be released.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

FEE(S) COLLECTED: \$ _____

SELECT METHOD: P/U Mail On Demand Rush

PRE-83 RECORDS: YES NO

RECEIVED BY: _____ DATE: _____