

PLEASE PRINT

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**Student Name (Last, First)**

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**Student ID and/or Social Security Number**

**Use Blue or Black Ink**

## TAFT COLLEGE UNOFFICIAL TRANSCRIPT REQUEST FORM

*Unofficial transcript orders received Monday through Friday are processed the following Thursday of each week.*

**(First one (1) lifetime request is free, thereafter; fees apply)**

**Regular - \$4.00 fee per copy.**

**We do not process phone, fax or email requests due to student confidentiality.**

1. CURRENT MAILING ADDRESS - PHONE NUMBER – OTHER NAMES USED	
Number & Street _____ (_____) _____ <small>Area Code                      Number</small>	City _____ State/Zip _____ _____ <small>Other Last Names Used</small>
2. BIRTHDATE	3. LAST ATTENDED
_____	_____
4. STUDENT SIGNATURE	5. TODAY'S DATE
_____	_____

6. **REGULAR SERVICE ONLY:**  
 Once transcript request is received and paid (if payment is due), Records Department will processed as regular service the following Wednesday to be sent by U.S. mail. (Pick-up option is not available.)

7. MAIL TRANSCRIPT(S) TO: **Please provide the correct mailing address, including zip code. PRINT CLEARLY.**

Name \_\_\_\_\_

Number & Street \_\_\_\_\_

State - Zip Code \_\_\_\_\_

# of Copies: \_\_\_\_\_

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***Records Office use only***

Date received: \_\_\_\_\_ Cleared for Holds: \_\_\_\_\_ Total fees due: \_\_\_\_\_ Date paid: \_\_\_\_\_