



Office of Academic Records
 29 Cougar Court
 Taft, CA 93268
 Phone 661.763.7756

PLEASE PRINT

Student Name (Last, First)

Student ID A#

Use Blue or Black Ink
TAFT COLLEGE OFFICIAL TRANSCRIPT RELEASE FORM

This form is used by Taft College for the sole purpose of requesting official transcripts on the behalf of our incarcerated student population. The student's signature on this form grants Taft College the right to place the order online through Credentials Inc. (also known as Transcripts Plus) to be processed for the purpose of transferring academic history to another institution of their choice. If Taft College is unable to complete the transaction for any reason the student will be responsible to make other arrangements.

Designated person must provide picture I.D. to pick up transcript in person.

1. CURRENT MAILING ADDRESS		
Number & Street	City	State/Zip
2. BIRTHDATE	3. DATES OF ATTENDANCE	
4. STUDENT SIGNATURE	5. TODAY'S DATE	

6. SERVICE REQUESTED
REGULAR SERVICE ONLY:
 1. Once transcript request is received, authorized and paid within the 30 days from the date when the student signed this form, Records Department will processed as regular service the following Wednesday to be sent by U.S. mail or electronic if available or ready for pickup after 1:00 PM.
 Please Check the following options. **Hold for final grades** [] **Hold for degree or certificate** []

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

#1. Name _____
 Department _____
 Number & Street _____
 State - Zip Code _____
 # of Copies: _____

8. PICK UP: **Please provide name of Taft College staff you are allowing to pick up your official transcript.**

#2. Name _____
 # of Copies: _____

Liaison use only

Name of representative: _____ Phone ext. _____ Email address of representative: _____

Records Office use only

Date received: _____ Cleared for Holds: _____ Total fees due: _____ Date paid: _____