



After completing and signing this form, submit to Office of Admissions & Records, Building 100 or mail (with payment if applicable—see below) to:

Chabot College
Attn: Transcripts
25555 Hesperian Boulevard
Hayward, California 94545

TRANSCRIPT REQUEST

Under provisions of the Family Educational Rights and Privacy Act of 1974, transcripts may not be released without the written consent of the student. The student's signature is required.

Date of Request: ___/___/___ Number of copies requested: _____

Student ID or Social Security Number: _____ - _____ - _____

Name: _____ Last First Middle
Street Address: _____
City, State, ZIP: _____
Telephone: _____
Birthdate: ___/___/___
Other name or alias: _____
WHEN SHOULD TRANSCRIPT BE PROCESSED?
(Please indicate semester.)
[] Now
[] After final grades are recorded for _____ Semester
[] After degree is recorded for _____ Semester
[] After incompletes/grade changes are made for _____ Semester
Special Instructions: _____

DATES OF ATTENDANCE AT CHABOT: From _____ (Term/Year) to _____ (Term/Year)

Send transcript to: (Please print complete name and address legibly.)

Signature of student authorizing release of transcript: _____ Date: _____

TRANSCRIPT PROCEDURES

- 1. If you have previously requested two or more transcripts and/or you attended prior to Summer 1994, a fee of \$3.00 for each copy must accompany this request. Payments will be accepted by check or money order, payable to Chabot College. Please do not send cash.
2. Please allow at least seven (7) business days for processing.
3. Transcripts will not be issued until all monetary holds are cleared with the Office of Admissions & Records.
4. Chabot College will forward record of work completed at Chabot College and/or Las Positas College only. Copies of transcripts from other institutions are NOT included. Transcripts from other institutions must be ordered from original sources.
5. If sending transcripts to different recipients, please use a separate form for each transcript request.

Please mail this form (and payment if applicable) to:
Chabot College
Attn: Transcripts
25555 Hesperian Blvd.
Hayward, CA 94545

FOR OFFICE USE ONLY

Amount Paid \$ _____ Received By: _____ Date Sent: ___/___/___