



UNOFFICIAL TRANSCRIPT REQUEST

Date of Request: ____/____/____ Number of copies requested: ____

Student ID or Social Security Number: _____

Name: _____ Or name or alias: _____

Street Address: _____ City, State, ZIP: _____

Telephone: _____ Birthdate: ____/____/____


E-mail address: _____

DATES OF ATTENDANCE AT CHABOT:

From(Term/Year): _____ to (Term/Year) _____

PLEASE CHECK ONE:

- ☐ I will pick up at the Office of Admissions & Records. (Photo ID required at time of pick up)
- ☐ Send transcript to the address below. (1 request form per address listed) – Please print complete name of recipient & address legibly.

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

UNOFFICIAL TRANSCRIPT PROCEDURES

- **PROCESSING TIME:** Requests will take up to 10 business days to process.
- Chabot College will send 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 school(s).
- **Mail Service:** All transcripts are sent regular 1st class mail through the U.S. Postal Service. We do not provide Express/Overnight mailing service. When mailing transcripts, we cannot assure that your transcript will reach its destination. Once the transcript leaves Chabot College, it is the responsibility of the U.S. Postal Service to deliver.
- If sending transcripts to different recipients, please submit form for each transcript request.

Please mail this form with or submit in-person to:

Chabot College
ATTN: UNOFFICIAL Transcript Request
Building 700; Room 703
25555 Hesperian Blvd.
Hayward, CA 94545

FOR OFFICE USE ONLY

Received By: _____ Date Sent: ____/____/____