



## OFFICIAL TRANSCRIPT ORDER FORM

Title 5 of the California Code of Regulations provides that students' first two transcripts requested are free of charge. Additional transcripts (3rd transcript and subsequent transcripts) are \$6.00 per copy.

- ❖ *Regular Delivery* - \$6.00 per copy: mailed within 2-5 business days.
- ❖ *Records prior to 1970* - \$6.00 per copy: Allow up to 15 business days (there is no pick-up or same day service for records prior to 1970).

**Expedited service fees:** Expediting fees are optional but will be charged in addition to the transcript fee.

- ❖ *Pick-up in District Admissions and Records Office* - \$12.00 (\$6.00 rush fee plus \$6.00 per copy): students pick-up transcripts at the District A&R Office within 2 business days.
- ❖ *Same day transcripts* - \$25.00 (\$19.00 same day service fee plus \$6.00 per copy): available within 2 hours at the District Admissions & Records Office only.

**Requests will not be issued/processed if any of the following criteria are not met:**

- ❖ Signed and dated request form.
- ❖ All Peralta debts must be paid and all holds must be cleared before requests can be processed.
- ❖ All mailed transcript requests must have payment included (checks or money orders only). Do NOT mail cash or credit card information.
- ❖ Mail requests-Mail order form and payment to:

Peralta Community College District  
Admissions and Records Office  
333 East 8th St.  
Oakland, CA 94606

**Note: One transcript will include all courses taken at all Peralta Community College District locations. Before ordering a transcript, ensure that your grades and degrees are posted in PASSPORT.**

### Student Information

Please print clearly.

Did you attend prior to Fall 1970?  YES  NO

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First M.I. or last 4 digits of SSN

Other names used at Peralta: \_\_\_\_\_

Address: \_\_\_\_\_  
No. & Street City State Zip Code

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
From To

### Send Transcripts To:

REQUEST #1 Number of copies: \_\_\_\_\_ Processing Type:  Regular  Pick-Up  Same Day

MAIL TO: \_\_\_\_\_

Address: \_\_\_\_\_  
No. & Street City State Zip Code

REQUEST #2 Number of copies: \_\_\_\_\_ Processing Type:  Regular  Pick-Up  Same Day

MAIL TO: \_\_\_\_\_

Address: \_\_\_\_\_  
No. & Street City State Zip Code

X \_\_\_\_\_

Student Signature

Date

### Admissions & Records/Cashier's Office Use Only

Amount Due: \$ \_\_\_\_\_ A&R Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Cashiers Initials: \_\_\_\_\_ Date: \_\_\_\_\_