

(FOR ACCELERATED SCIENCE/IOS
PLEASE CHECK HERE)



(LIST OTHER PROGRAM(S) HERE)

☐ ACCELERATED SCIENCE/IOS

Office of the Registrar

REQUEST FOR TRANSCRIPTS

Name: _____ Student ID#: _____ Date: _____

Former Name (if applicable): _____

Soc Sec # (required) : _____ - _____ - _____ Birth Date (required) : ____/____/____

Grad Date (if applicable): ____/____/____ Degree Awarded (if applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (required) _____ Email: _____

ADDRESS FOR TRANSCRIPT DELIVERY: (required)

Note: You must use separate forms if you wish to send transcripts to more than one location.

Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total Number to Transcripts Requested: _____

Note: IOS/Accelerated Science Program transcript requests will not be processed if any of the following documents have not been received: Copy of DL license, Copy of SS card, and Official High School transcript. To ensure your transcript request is processed student must contact the Registrar's Office to confirm we have received all documents.

Signature: _____ Date: _____

Transcript request forms can be submitted in any of the following ways:

- In person at SCU Registrar's Office located at 16200 East Amber Valley Drive, Building B
- By mail to SCU Registrar's Office 16200 East Amber Valley Drive Whittier, CA 90604
- By Fax to 562-902-3306
- By email, please email to Registrar@scuhs.edu

SPECIAL INSTRUCTIONS WITH TRANSCRIPT REQUEST:

☐ Please hold for Current Grades and Course name _____ Ending: ____/____/____

☐ Please include copy of diploma or certificate

☐ Please include additional _____ pages of documentation to be sent out with my transcript which I have included with this request.

☐ Other: _____

REQUEST FOR TRANSCRIPTS



Name: _____ Student ID#: _____ Date: _____

TRANSCRIPT SERVICE OPTIONS AND FEES: (PLEASE SELECT ONE)

☐ Regular Service: (\$10.00 per Transcript, per Program) Circle One: **Pick up / Mailed first-class USPS mail**
Processed within five business days of receipt. (No tracking information or delivery receipt available)

☐ Rush Processing: **Request must be submitted before 5:00pm.** Processed and mailed out the following business day. (\$10.00 per Transcript, per Program + \$15.00 rush fee) Circle One: **Pick up / Mailed first-class USPS mail.** (No tracking information or delivery receipt available)

☐ Expedited Processing and Delivery: **Request must be submitted before 5:00pm.** Processed and mailed out the following business day. (\$10.00 per Transcript, per Program + \$15.00 rush fee + \$22.95 USPS Priority Mail Express fee or applicable Fed Ex charge) Circle One: **USPS Priority Mail Express / Fed Ex (Priority Overnight Morning, 2nd Day Morning, 3 Day)*.** (Tracking information provided)

***FedEx cannot be delivered to a P.O. Box. A physical address must be provided if this option is chosen.**
Note when choosing FedEx option: By signing the bottom of this form you are authorizing SCU to place your credit card information on the billing portion of the Fed Ex form.

CALCULATE COST:

Cost of Transcripts (Number of transcripts, per Program x \$10.00) _____
+ Rush Fee (\$15.00) _____
+ Delivery Fee (USPS \$22.95/Applicable Fed Ex Charge) _____ =
Estimated Total Cost _____

PAYMENT METHOD:

- ☐ CHECK
☐ MONEY ORDER
☐ CASH
☐ CREDIT CARD (Information required on next page)

For Use by Registrar's Office:

P/U Signature: _____ Date Received: _____
Date Mailed: _____ Payment: _____ Processed By: _____



REQUEST FOR TRANSCRIPTS

CREDIT CARD AUTHORIZATION FORM*

Student's Name: _____ Student ID# _____

Cardholder's Name: _____ Cardholder's Phone Number: _____

Type of Card: ☐ Visa ☐ MasterCard ☐ AMEX Credit Card Number: _____/_____/_____/_____

CVV (3 Digit Code) (required): _____ Expiration Date (MM/YYYY) (required): _____

Credit Card Billing Address (required): _____

City

State

Zip

I authorize Southern California University of Health Sciences to charge \$_____ to the above credit card.

Signature (required)

Date

YOUR REQUEST WILL NOT BE PROCESSED WITHOUT VALID PAYMENT

**For your privacy once transcript request and payment is processed SCU destroys this credit card authorization form.*