



# Request for Transcript

To be completed by the student requesting an official AHC transcript. Please use blue or black ink, and type or print clearly.

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Complete AHC Student Identification Number:** H \_\_\_\_\_  
(If you do not know your student ID number, please provide your complete social security number.)

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Other Names Used:** \_\_\_\_\_  
Month Day Year

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Student's Complete Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete Mailing Address of Where the Transcript is to be Sent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When should the transcript be mailed?**

- Now – even though current semester grades are not recorded
- After grades for current semester are recorded – *rush service not available*  
(may take up to one month after the semester end date)
- After current semester's AA/AS or Certificate is recorded -- *rush service not available*
- Regular Mail Service \$4 each                       Rush Mail Service \$10 each

**Student's Signature (mandatory):** \_\_\_\_\_

<p><b>Please include payment by check, money order or credit card.</b> If paying by credit card, please complete the following information:</p> <p>I _____ (printed name of cardholder) authorize AHC to charge \$ _____ (dollar amount) for the purpose of a transcript. (\$4 for regular mail service; \$10 for rush mail service)</p> <p>Complete Visa, MasterCard, Discover or American Express number: _____</p> <p>Credit card expiration date: _____ CVV Code: _____</p> <p>Signature of Card Holder: _____ Date: _____</p>
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**Please mail your request to:** Allan Hancock College  
Attn: Transcript Request/District Cashier  
800 South College Drive  
Santa Maria CA 93454-6399