



Request for Transcript

District Cashier's Office, 800 S. College Drive, Santa Maria, CA 93454-6399
Phone: (805) 922-6966 ext. 3277

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER		DATE OF BIRTH
MAILING ADDRESS		CITY	STATE	ZIP	PHONE NUMBER
DATE	OTHER NAMES USED		THE LAST SEMESTER ATTENDED AT ALLAN HANCOCK COLLEGE WAS:		
			<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER OF _____ <input type="checkbox"/> ATTENDING NOW

PLEASE PRINT CLEARLY. (You are addressing the envelope.)

MAIL TO:

TRANSCRIPT WILL NOT BE MAILED WITHOUT REQUEST SIGNED BY THE STUDENT
TRANSCRIPT WILL NOT BE MAILED IF STUDENT HAS INDEBTEDNESS TO THE COLLEGE Rev. 4-08

THE TRANSCRIPT SHOULD BE MAILED: (Check appropriate boxes)

- Now, even though the current semester grades are not recorded
- After grades for current semester are recorded
(current semester grades cannot be sent until approximately 4 weeks after semester ends)
- After AA/AS degree or Certificate of Completion is recorded

No. of copies to be sent: _____ Certification of general education requirements requested.
(Requires an AHC counselor's initials.)

CHECK ONE: IGETC CSU

Student's Signature (mandatory)

Paid \$ _____

Student's email address: _____

Fax transcript request to: 805-922-3477

In addition to the information on the form above, please complete the following if ordering transcript via fax:

I _____ (printed name of card holder) authorize Allan Hancock College

to charge \$ _____ (dollar amount) for the purpose of a transcript.

(\$4 per copy if mailed only; \$10 per copy if faxed only or faxed and mailed)

Please enter complete VISA or MasterCard Number: _____

Please enter VISA or MasterCard credit/debit card expiration date: _____ CVV Code: _____

Signature of Card Holder: _____ Date: _____

Fax transcript back to (Fax #): _____ Attn: _____