



District Cashier  
800 South College Drive  
Santa Maria CA 93454-639

## OFFICIAL TRANSCRIPT MAIL-IN REQUEST FORM

Allow 10-15 business days processing, not including mailing time. First two mailed transcripts ordered are free. All subsequent transcript mail-in orders are \$7.00 per transcript. **Faxed requests are not accepted.** Signature authorization is required. Submit check or money order payable to Allan Hancock College with this request form. Do not submit cash.

Complete all information below. **PRINT CLEARLY.**

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AHC STUDENT IDENTIFICATION NUMBER \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

If you do not know your AHC Student ID number, provide your **Social Security Number:** \_\_\_\_\_.

**Previous names:** \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ **Approximate Dates Attended** (Month/Year) \_\_\_\_ To: \_\_\_\_

**Current mailing address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_@\_\_\_\_\_

MAIL TRANSCRIPTS TO:		
<b>#1</b>	Name: _____ Attention: _____ Address: _____ Address: _____ City: _____ State: _____ Zip Code: _____	# of copies _____
<b>#2</b>	Name: _____ Attention: _____ Address: _____ Address: _____ City: _____ State: _____ Zip Code: _____	# of copies _____
<b>#3</b>	Name: _____ Attention: _____ Address: _____ Address: _____ City: _____ State: _____ Zip Code: _____	# of copies _____

Options:  Send now (10-15 business days processing time, not including mailing time) Need it faster? Order online.

Send after grades are posted for:  Spring  Summer  Fall Year: \_\_\_\_\_

Other: \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

See page 2 if paying by credit/debit card  
Do not submit page 2 if paying by check or money order.



**Authorization to Charge Debit/Credit Card for Transcript Order**

*Must submit page 1 and 2 of transcript order form if paying with debit or credit card.*

I, \_\_\_\_\_ give Allan Hancock College permission to  
(Cardholder's full name – please print)  
charge up to \$\_\_\_\_\_ on my credit card to pay transcript fees for:

\_\_\_\_\_, H \_\_\_\_\_  
(Student First and Last Name – please print) (Student I.D. Number)

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cardholder Signature)

Credit card/Debit card Type (please circle)    Visa    MasterCard    Discover    American Express

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM/YY

Card Street Address (number only) \_\_\_\_\_ Zip Code \_\_\_\_\_  
(IE: 123 Maple, enter only 123)

3 or 4 digit Security Code: \_\_\_\_\_

All fields must be complete in order to process your credit card transaction. Questions regarding your payment may be directed to the AHC Cashier's office, 805.922.6966 ext. 3270 or 3626.