

Official Transcript Request Mail Order Form



Return to:
American River College
Attn: Enrollment Services
4700 College Oak Drive
Sacramento, CA 95841

Student Information

Student ID Number: _____ SSN (If Student ID Number not known): _____

Name: _____
Last First M.I. Other Last Names

Birth Date: _____ Years attended: _____ to _____
(YYYY) (YYYY)

Current Address: _____
Street City State ZIP Code

Contact Information

Telephone: _____ *Email Address: _____

*By including an email address, you will receive automated updates from Credentials, Inc. regarding the status of your request.

Basic Order Information

Normal Processing: Deliver to Recipient Pick Up
\$5.00 per copy after the first 2 ever ordered.

Rush Processing: Deliver to Recipient Pick Up
\$10.00 per copy. Allow one business day for processing (pick up available after 12 noon).
Deliver to Recipient requests are sent via USPS 1st Class Mail.

*If applicable, I authorize the following person to pick up my transcript (s) _____
I understand the authorized person will need to present their photo ID in order to pick up my transcript

Hold for Final Grades: Summer Fall Spring Year: _____

Hold for Degree: Summer Fall Spring Year: _____

Attachments: ONLY check this box if you have an attachment or enclosure that must be sent with your transcript.
Some recipients require that you include additional information pages ("Attachments") with your transcript when it is sent to them. Any transcript order with an attachment is limited to a single recipient and is only eligible for delivery as a printed transcript (ie. mailed).

Recipient 1 Number of Copies: _____

Recipient 2 Number of Copies: _____

Student Signature: _____ **Date:** _____

Staff Use Only Received By & Date: _____ Paid Amount: \$ _____

Entered into System: _____ Order Number _____