

MENLO COLLEGE TRANSCRIPT REQUEST FORM

Office of the Registrar
1000 El Camino Real
Atherton, CA 94027
Phone: 650-543-3737
Fax: 650-543-4103



PLEASE PRINT LEGIBLY.

Name while attending Menlo College: _____
Last First Middle

Student ID/SSN #: _____ Date of Birth: _____

Dates of Attendance: _____ Date of Graduation: _____

Current Mailing Address: _____
Number and Street Box/Apartment

City State ZIP

Current Phone #: _____ Email: _____

Update Permanent Address? Yes No

Student Signature: _____ **Date:** _____
Transcript WILL NOT be released without signature

PLEASE COMPLETE ONE "SEND TO" SPACE
FOR EACH DIFFERENT ADDRESS.

PLEASE WRITE DOWN A SPECIFIC OFFICE OR RECIPIENT IF
SENDING TRANSCRIPT TO ANOTHER SCHOOL.

SEND TO:

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[] Official [] Unofficial [] Hold for Pick Up

Number of copies to this address: _____

SEND TO:

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[] Official [] Unofficial [] Hold for Pick Up

Number of copies to this address: _____

EMAIL/FAX OPTION (unofficial copies only)

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SPECIAL INSTRUCTIONS:

- Hold until semester grades are posted
- Hold until degree is posted
- Other: _____

PROCESSING TIME: Transcript requests are processed within five (5) working days upon receipt and sent via 1st Class Mail. Your request **WILL NOT** be processed if official documents are missing from your file or if there is an outstanding balance on your account in the Business Office.

FEES:

Official Transcript	\$6.00
Official Transcript – each additional copy on the same request	\$3.00
Unofficial Transcript – each copy	\$3.00

EXTRA SERVICES -add fee to cost of transcript; each service is separate- check all that apply:

SPECIAL PROCESSING SERVICE (for pickup):

- Rush Processing (entire request is processed within 24 hours upon receipt) **Add \$20.00**

SPECIAL MAILING SERVICES: Expedited Fe EX, each fee is per address.

- Domestic (Next business day) **Add \$25.00**
- Domestic (Saturday delivery) **Add \$30.00**
- International (2-5 business days) **Add \$50.00**

TOTAL TRANSCRIPTS REQUESTED:

Total number of **official transcripts** requested: _____

Total number of **unofficial transcripts** requested: _____

Amount due: _____

PAYMENT METHOD:

- Cash Check
 - Credit Card: Visa / Mastercard (circle one)
- Number: _____
- Expiration Date: _____

For Office Use Only

Payment Received: _____ Date Received: _____

Clear w/Billing: _____ Transcript Reviewed: _____