



UNIVERSITY OF CALIFORNIA, SANTA BARBARA EXTENSION

Official Transcript Order Form

Standard* or Priority** Processing

Received	_____
Entered	_____
Sent	_____

REQUIRED INFORMATION

Name (please print) _____ Social Security Number _____
 Other Name(s) Used _____ (or Intl. Student ID #) 888 _____
 Student's Signature _____ Today's Date _____

STUDENT CONTACT INFORMATION

Current Address _____ # of copies to home _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail _____

ADDRESS(ES) TO WHICH TRANSCRIPTS ARE TO BE MAILED (other than home address):

Name _____ # of copies _____	Name _____ # of copies _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Country _____	Country _____

All transcripts are sealed. Transcripts will be mailed within the time indicated below depending on Standard* or Priority** Processing. Your transcripts will be placed on HOLD if you have enrolled in only one class and your grade has not yet been recorded. Additional addresses may be written on the back of this form. Transcript fees are nonrefundable.

- Special Instructions _____
- Hold for current quarter grades _____
- Hold for course _____
- Hold for grade change: Course _____
- Approximate dates courses were taken at UCSB Extension _____

* Standard Processing (2-4 weeks)

CALCULATE THE COST:

Number of copies _____ X \$9.00 = \$ _____

** Priority Processing (2-4 days)

CALCULATE THE COST:

Number of copies _____ X \$16.00 = \$ _____

If courses were taken prior to September 1, 1967 please mail your transcript request directly to UCLA:

Department K, P.O. Box 24901, UCLA Extension, Los Angeles, CA 90024

PAYMENT OPTIONS Check made to the UC Regents Visa or MasterCard

Credit Card Number _____ Expiration Date _____ Security Code _____
 (3 digit code that appears on back of card)
 Cardholder Name (exactly as it appears on card) _____