

## REQUEST FOR OFFICIAL TRANSCRIPT

Office of Admissions and Records, 1000 Hensley Creek Road, Ukiah, CA 95482 707-468-3101 (telephone) • 707-468-3430 (fax) • registration@mendocino.edu

LAST NAME F	FIRST NAME	MIDDLE INITIAL	OTHER NAMES USED OR MAIDEN NAME
MC STUDENT I.D. OR SSN/ITIN:		DATE OF E	BIRTH:
MAILING ADDRESS:			
PHONE NUMBER: ()	DID YOU	J ATTEND MENDOCINO C	COLLEGE PRIOR TO 1981? YES/NO
I hereby authorize Mendocino College t	to release my offic	cial transcript to the party	y identified below:
STUDENT SIGNATURE REQUIRED			DATE
Requests which do not include the student sign	nature will not be pro	ocessed.	
DENTIFY THE NUMBER OF COPIES REQU	UESTED FOR EAC	H SERVICE:	
SEND TRANSCRIPT. Current semest	ter will not be includ	led. Please allow up to 15 wo	orking days for processing.
The first two (2) transcripts ever requeste	ed are free, \$3.00 eac	ch thereafter. Select One: M	Iail/Pick Up
RUSH SERVICE. Processed within 5 w	vorking days; \$6.00 c	charge for each copy requeste	ed. Select One: Mail/Pick Up
E-TRANSCRIPT. Transcript sent electr	ronically only to scho	ools participating in E-Transc	eript California Records with
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