

TRANSCRIPT REQUEST
PLEASE PRINT

STUDENT ID#

NAME _____
LAST FIRST MIDDLE PREVIOUS LAST NAME

CURRENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ BIRTH DATE _____ SS# _____

ATTENDED A.R.C. FROM _____ TO _____ CURRENTLY ENROLLED

X _____
STUDENT SIGNATURE DATE

SEND TO: NAME _____ DEPT. _____ NO. OF COPIES TO BE SENT

STREET _____

CITY, STATE, ZIP _____

AMERICAN RIVER COLLEGE
ENROLLMENT SERVICES
4700 COLLEGE OAK DRIVE
SACRAMENTO, CA 95841

- HOLD FOR GRADES: FA _____ SP _____ SU _____
- HOLD FOR GRADE CHANGE/ACADEMIC RENEWAL IN: _____
GRADE CHANGED _____ TO _____
SEMESTER _____ YEAR _____
- HOLD FOR DEGREE/CERTIFICATE TO BE POSTED

HAVE YOU PREVIOUSLY REQUESTED TWO OR MORE TRANSCRIPTS? YES NO

Regular Process/Mail \$2 Pick Up \$2

RUSH \$10 Express Mail \$16.25

FOR OFFICE USE ONLY

AMOUNT _____ RCVD BY _____

DATE RCVD _____ TRANS # _____